

1 LOCATION OF WATER WELL: County: <u>Shawnee</u>	Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>	Section Number <u>16</u>	Township Number <u>T 11 S</u>	Range Number <u>R 15 E W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>Approximately 3 miles north of Topeka</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>39.100518</u> Longitude: <u>-95.745255</u> Elevation: <u>Unknown</u> Datum: <u>NAD 83</u> Data Collection Method: <u>WAAS GPS Unit</u>		
2 WATER WELL OWNER: <u>Consolidated RWD #4</u> RR#, St. Address, Box # : <u>3333 NW Button Rd.</u> City, State, ZIP Code : <u>Topeka, KS 66675</u>				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S	<table style="width:100%;"> <tr> <td>4 DEPTH OF COMPLETED WELL</td> <td style="text-align: right;"><u>54.5</u> ft.</td> </tr> <tr> <td>Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.</td> <td></td> </tr> <tr> <td>WELL'S STATIC WATER LEVEL <u>28</u> ft. below land surface measured on mo/day/yr <u>10-27-08</u></td> <td></td> </tr> <tr> <td>Pump test data: Well water was <u>Not checked</u> ft. after _____ hours pumping _____ gpm</td> <td></td> </tr> <tr> <td>Est. Yield <u>Unknown</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm</td> <td></td> </tr> <tr> <td>WELL WATER TO BE USED AS: <input checked="" type="radio"/> Public water supply</td> <td><input type="radio"/> Air conditioning <input type="radio"/> Injection well</td> </tr> <tr> <td><input type="radio"/> 1 Domestic</td> <td><input type="radio"/> 3 Feedlot <input type="radio"/> 6 Oil field water supply <input type="radio"/> 9 Dewatering <input type="radio"/> 12 Other (Specify below)</td> </tr> <tr> <td><input type="radio"/> 2 Irrigation</td> <td><input type="radio"/> 4 Industrial <input type="radio"/> 7 Domestic (lawn & garden) <input type="radio"/> 10 Monitoring well</td> </tr> <tr> <td colspan="2">Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr _____</td> </tr> <tr> <td colspan="2">Sample was submitted _____ Water well disinfected? Yes <input checked="" type="checkbox"/> No _____</td> </tr> </table>	4 DEPTH OF COMPLETED WELL	<u>54.5</u> ft.	Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.		WELL'S STATIC WATER LEVEL <u>28</u> ft. below land surface measured on mo/day/yr <u>10-27-08</u>		Pump test data: Well water was <u>Not checked</u> ft. after _____ hours pumping _____ gpm		Est. Yield <u>Unknown</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm		WELL WATER TO BE USED AS: <input checked="" type="radio"/> Public water supply	<input type="radio"/> Air conditioning <input type="radio"/> Injection well	<input type="radio"/> 1 Domestic	<input type="radio"/> 3 Feedlot <input type="radio"/> 6 Oil field water supply <input type="radio"/> 9 Dewatering <input type="radio"/> 12 Other (Specify below)	<input type="radio"/> 2 Irrigation	<input type="radio"/> 4 Industrial <input type="radio"/> 7 Domestic (lawn & garden) <input type="radio"/> 10 Monitoring well	Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr _____		Sample was submitted _____ Water well disinfected? Yes <input checked="" type="checkbox"/> No _____	
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5 TYPE OF CASING USED:	<input checked="" type="radio"/> 1 Steel <input type="radio"/> 2 PVC <input type="radio"/> 3 RMP (SR) <input type="radio"/> 4 ABS <input type="radio"/> 5 Wrought Iron <input type="radio"/> 6 Asbestos-Cement <input type="radio"/> 7 Fiberglass	<input type="radio"/> 8 Concrete tile <input type="radio"/> 9 Other (specify below)	CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded
Blank casing diameter <u>14</u> in. to <u>46.5</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.	Casing height above land surface <u>12</u> in., weight <u>54.57</u> lbs./ft. Wall thickness or gauge No. <u>.375</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="radio"/> 1 Steel <input checked="" type="radio"/> 3 Stainless Steel <input type="radio"/> 5 Fiberglass <input type="radio"/> 7 PVC <input type="radio"/> 9 ABS <input type="radio"/> 11 Other (Specify) _____ <input type="radio"/> 2 Brass <input type="radio"/> 4 Galvanized Steel <input type="radio"/> 6 Concrete tile <input type="radio"/> 8 RM.(SR) <input type="radio"/> 10 Asbestos-Cement <input type="radio"/> 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE: <input checked="" type="radio"/> 1 Continuous slot <input type="radio"/> 3 Mill slot <input type="radio"/> 5 Gauzed wrapped <input type="radio"/> 7 Torch cut <input type="radio"/> 9 Drilled holes <input type="radio"/> 11 None (open hole) <input type="radio"/> 2 Louvered shutter <input type="radio"/> 4 Key punched <input type="radio"/> 6 Wire wrapped <input type="radio"/> 8 Saw Cut <input type="radio"/> 10 Other (Specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>46.5</u> ft. to <u>53.5</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>30</u> ft. to <u>54</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	<input type="radio"/> 1 Neat Cement <input checked="" type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite <input type="radio"/> 4 Other _____	Grout Intervals: From <u>5</u> ft. to <u>25</u> ft., From <u>25</u> ft. to <u>30</u> ft., From _____ ft. to _____ ft.	What is the nearest source of possible contamination: <input type="radio"/> 1 Septic tank <input type="radio"/> 4 Lateral lines <input type="radio"/> 7 Pit privy <input type="radio"/> 10 Livestock pens <input type="radio"/> 13 Insecticide Storage <input checked="" type="radio"/> 16 Other (specify below) <input type="radio"/> 2 Sewer lines <input type="radio"/> 5 Cess pool <input type="radio"/> 8 Sewage lagoon <input type="radio"/> 11 Fuel storage <input type="radio"/> 14 Abandoned water well <input type="radio"/> 3 Watertight sewer lines <input type="radio"/> 6 Seepage pit <input type="radio"/> 9 Feedyard <input type="radio"/> 12 Fertilizer Storage <input type="radio"/> 15 Oil well/gas well <input type="radio"/> None known
Direction from well? _____		How many feet? _____	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	23	Clay, gray			
23	25	Sand, fine			
25	34	Sand and gravel, fine, medium			
34	35	Sand, fine			
35	50	Sand and gravel, fine, medium			
50	53.5	Sand and gravel, fine, medium, some gravel, coarse, brown in color			
53.5	54	Shale, gray			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-27-08</u> and this record is true to the best of my knowledge and belief.	
Kansas Water Well Contractor's License No. <u>185</u>	This Water Well Record was completed on (mo/day/year) <u>11-04-08</u>
Under the business name of <u>Clarke Well & Equipment, Inc.</u>	by (signature) <u>[Signature]</u>

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.