

<b>1 LOCATION OF WATER WELL:</b> County: <u>Shawnee</u>	Fraction <u>SE 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>		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: <u>39.099878</u> Longitude: <u>-95.74412</u> Elevation: <u>Unknown</u> Datum: <u>NAD83</u> Data Collection Method: <u>WAAS GPS Unit</u>		
<b>2 WATER WELL OWNER:</b> <u>Consolidated RWD #4</u> RR#, St. Address, Box # : <u>3333 NW Button Rd.</u> City, State, ZIP Code : <u>Topeka, KS 66675</u>				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N W E S	<table style="width:100%;"> <tr> <td style="width:50%;"><b>4 DEPTH OF COMPLETED WELL</b> <u>55.5</u> ft.</td> <td style="width:50%;"></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 <u>mo/day/yr 10-29-08</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: <u>(5)</u> Public water supply 8 Air conditioning 11 Injection well</td> <td></td> </tr> <tr> <td>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)</td> <td></td> </tr> <tr> <td>2 Irrigation 4 Industrial 7 Domestic (lawn &amp; garden) 10 Monitoring well</td> <td></td> </tr> <tr> <td>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr _____</td> <td></td> </tr> <tr> <td>Sample was submitted _____ Water well disinfected? Yes <input checked="" type="checkbox"/> No _____</td> <td></td> </tr> </table>	<b>4 DEPTH OF COMPLETED WELL</b> <u>55.5</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 <u>mo/day/yr 10-29-08</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: <u>(5)</u> Public water supply 8 Air conditioning 11 Injection well		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)		2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 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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<b>5 TYPE OF CASING USED:</b>	5 Wrought Iron 8 Concrete tile ① Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 2 PVC 4 ABS 7 Fiberglass	<b>CASING JOINTS:</b> Glued _____ Clamped _____ Welded <input checked="" type="checkbox"/> Threaded _____
Blank casing diameter <u>14</u> in. to <u>47.5</u> ft., Diameter in. to _____ ft., Diameter in. to _____ ft.	Casing height above land surface <u>12</u> in., weight <u>54.75</u> lbs./ft. Wall thickness or gauge No. <u>.375</u>	
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel ③ Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) _____ 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE: ① Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify) _____		
SCREEN-PERFORATED INTERVALS: From <u>47.5</u> ft. to <u>54.5</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From <u>30</u> ft. to <u>55.5</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		

<b>6 GROUT MATERIAL:</b>	1 Neat Cement ② Cement grout ③ Bentonite 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: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage ①⑥ Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well _____ None known
Direction from well? _____ How many feet? _____		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	23	Clay, gray			
23	37	Sand and gravel, fine, medium, orange in color			
37	40	Sand and gravel, fine, medium, with clay, gray			
40	49	Sand and gravel, fine, medium, gray in color			
49	51	Sand and gravel, fine			
51	54.5	Sand and gravel, fine, medium, some gravel, coarse, brown in color			

<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) <u>constructed</u> (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-29-08</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 &amp; 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.