

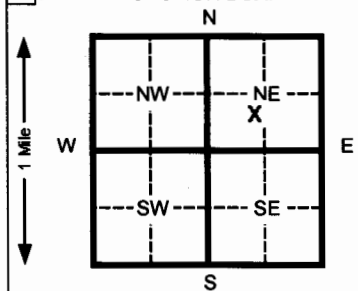
1 LOCATION OF WATER WELL: County: Shawnee	Fraction NE ¼ SW ¼ NE ¼	Section Number 34	Township Number T 11 S	Range Number R 15 EW
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Distance and direction from nearest town or city street address of well if located within city?

4320 SW. 10th Street, Topeka, Kansas

2 WATER WELL OWNER: **City of Topeka**
 RR#, St. Address, Box # : **201 NW Topeka Boulevard**
 City, State, ZIP Code : **Topeka, Kansas 66603**
 Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL **20.0** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 **NA** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **NA** ft. below land surface measured on mo/day/yr **10/16/08**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **NA** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **7.5** in. to **20.0** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 2 Irrigation 3 Feed lot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden (domestic) 8 Air conditioning 9 Dewatering 10 **Monitoring well** 11 Injection well 12 Other (Specify below)
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:
 1 Steel 2 **PVC** 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
 CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded **X**

Blank casing diameter **2.375** in. to **5.0** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **Flush Mount** in., weight _____ lbs./ft. Wall thickness or gauge No. **Schedule 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 **PVC** 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 2 Louvered shutter 3 **Mill slot** 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From **20.0** ft. to **5.0** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20.0** ft. to **4.0** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 **Cement grout** 3 Bentonite 4 Other
 Grout intervals From **0.0** ft. to **1.0** ft. From **1.0** ft. to **4.0** ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 **Fuel storage (former)** 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below)

Direction from well? **East-northeast** How many feet? **55**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	0.5		Concrete
0.5	5.0		Dark gray-dark brown silty clay, friable, moist
5.0	11.0		Gray silty clay, mottled brown, firm, moist
11.0	14.0		Brown gray silty clay, mottled, iron oxides, firm, moist-very moist
14.0	17.5		Orange brown silty clay, mottled gray, some iron oxides, firm, moist
17.5	20.0		Brown-light brown silty clay, slightly shaley, mottled gray, some iron oxides, firm, moist
Flush-mount well completion waiver existent for site.			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **(1)** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) **10/02/08** and this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **10/23/08**
 under the business name of **Quad State Services, Inc.** by (signature)

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.