

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Shawnee</b>	<b>SE ¼ SE ¼ SW ¼</b>	<b>35</b>	<b>T 11 S</b>	<b>R 15 E</b>

Distance and direction from nearest town or city street address of well if located within city?  
**1244 Oakley, Topeka, KS**

2 WATER WELL OWNER: **Alan Rolley**  
 RR#, St. Address, Box # : **1900 NW Lyman Rd, Lot 278**  
 City, State, ZIP Code : **Topeka, KS 66612**  
 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** ft. ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1.5 \_\_\_\_\_ ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft. below land surface measured on mo/day/yr  
 Pump test data: Well water was \_\_\_\_\_ Ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ Gpm  
 Est. Yield \_\_\_\_\_ Gpm: Well water was \_\_\_\_\_ Ft. after \_\_\_\_\_ Hours pumping \_\_\_\_\_ Gpm  
 Bore Hole Diameter **8.5** In. to **20** ft. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 **Monitoring well** **MW-16**  
 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	3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 <b>PVC</b>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		<b>Threaded</b> <b>X</b>

Blank casing diameter \_\_\_\_\_ 2 \_\_\_\_\_ in. to \_\_\_\_\_ 5 \_\_\_\_\_ Ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface \_\_\_\_\_ **FLUSH** In., weight \_\_\_\_\_ **SCH 40** Lbs./ft. Wall thickness or gauge No. \_\_\_\_\_  
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 **PVC** 10 Asbestos-cement  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) \_\_\_\_\_  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) \_\_\_\_\_  
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
 1 Continuous slot 3 **Mill slot** 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) \_\_\_\_\_  
 SCREEN-PERFORATED INTERVALS: From \_\_\_\_\_ 5 \_\_\_\_\_ ft. to \_\_\_\_\_ 20 \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 SAND PACK INTERVALS: From \_\_\_\_\_ 4 \_\_\_\_\_ ft. to \_\_\_\_\_ 20 \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ 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 2 \_\_\_\_\_ 0.5 \_\_\_\_\_ ft. to \_\_\_\_\_ 1 \_\_\_\_\_ Ft. From 3 \_\_\_\_\_ 1 \_\_\_\_\_ Ft. to \_\_\_\_\_ 4 \_\_\_\_\_ 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 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 **Oil well/ Gas well**  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 **Other (specify below)**  
**Contaminated Site**  
 Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5		<b>Asphalt</b>			
0.5	8		<b>Clay</b>			
8	13		<b>Shale</b>			
13	20		<b>Sandstone</b>			
20	TD		<b>End of Borehole</b>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and Completed on (mo/day/yr) \_\_\_\_\_ **09/08/15** \_\_\_\_\_ And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. \_\_\_\_\_ **585** \_\_\_\_\_ This Water Well Record was completed on (mo/day/yr) \_\_\_\_\_ **09/16/15** under the business name of \_\_\_\_\_ **Associated Environmental, Inc.** \_\_\_\_\_ By (signature) **Bradley J. Johnson**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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