

1 LOCATION OF WATER WELL County: <u>Shawnee</u>	Fraction <u>SW 1/4 SW 1/4 NW 1/4</u>	Section Number <u>20</u>	Township Number T <u>11</u> S	Range Number R <u>15</u> <b>EW</b>
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Distance and direction from nearest town or city? West Northwest of Topeka Street address of well if located within city? 6744 NW 17<sup>th</sup>

2 WATER WELL OWNER: Arnes Wike  
 RR#, St. Address, Box #: 6744 NW 17<sup>th</sup>  
 City, State, ZIP Code: Topeka Kan 66608  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 DEPTH OF COMPLETED WELL: 30 ft. Bore Hole Diameter: 8 in. to 19 ft., and 5 in. to 30 ft.  
 Well Water to be used as:  
 Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below)  
 Irrigation    4 Industrial    7 Lawn and garden only    10 Observation well  
 Well's static water level: 19 ft. below land surface measured on 11 month 5 day 1981 year  
 Pump Test Data: Well water was 19 ft. after 2 hours pumping. 20 gpm  
 Est. Yield 100 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel     3 RMP (SR)     6 Asbestos-Cement     9 Other (specify below)  
 2 PVC     4 ABS     7 Fiberglass  
 Blank casing dia: 5 in. to 25 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: 12 in., weight 1.5 lbs./ft. Wall thickness or gauge No. 214  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 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:  
 1 Continuous slot     3 Mill slot     5 Gauzed wrapped     8 Saw cut     11 None (open hole)  
 2 Louvered shutter     4 Key punched     6 Wire wrapped     9 Drilled holes    \_\_\_\_\_  
 7 Torch cut     10 Other (specify) \_\_\_\_\_  
 Screen-Perforation Dia: 5 in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From 25 ft. to 30 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Gravel Pack Intervals: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

5 GROUT MATERIAL:  1 Neat cement     2 Cement grout     3 Bentonite     4 Other \_\_\_\_\_  
 Grouted Intervals: From 4 ft. to 14 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank     4 Cess pool     7 Sewage lagoon     10 Fuel storage     14 Abandoned water well  
 2 Sewer lines     5 Seepage pit     8 Feed yard     11 Fertilizer storage     15 Oil well/Gas well  
 3 Lateral lines     6 Pit privy     9 Livestock pens     12 Insecticide storage     16 Other (specify below) \_\_\_\_\_  
 13 Watertight sewer lines  
 Direction from well: North How many feet: 80? Water Well Disinfected? Yes  No \_\_\_\_\_  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No  If yes, date sample was submitted \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year: Pump Installed? Yes  No \_\_\_\_\_  
 If Yes: Pump Manufacturer's name: Goetts Model No. 10EF HP 1/2 Volts 110  
 Depth of Pump Intake: 28 ft. Pumps Capacity rated at 10 gal./min.  
 Type of pump:  1 Submersible     2 Turbine     3 Jet     4 Centrifugal     5 Reciprocating     6 Other \_\_\_\_\_

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 11 month 5 day 1981 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 706  
 This Water Well Record was completed on 12 month 1 day 1981 year under the business name of Desch Equipment by (signature) [Signature]

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		<u>0</u>	<u>3</u>	<u>Lt Brown silt from Fill in</u>		
	<u>3</u>	<u>6</u>	<u>Black Topsoil</u>			
	<u>6</u>	<u>13</u>	<u>Lt Brown silt</u>			
	<u>13</u>	<u>30</u>	<u>Coarse sand &amp; gravel</u>			

N  
W    E  
S  
1 Mile

ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1. 19 ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft. 4. \_\_\_\_\_ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.