

1 LOCATION OF WATER WELL: County: <u>Shawnee</u>	Fraction <u>SE 1/4 NE 1/4 NW 1/4</u>	Section Number <u>25</u>	Township Number <u>T 11 S</u>	Range Number <u>R 15 EW</u>
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Distance and direction from nearest town or city street address of well if located within city?

I-70 & Macvicar; Topeka, Kansas

2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :	<u>City of Topeka; Dept. of Public Works</u> <u>215 S.E. 7th</u> <u>Topeka, Kansas 66603</u>	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>55</u> ft. ELEVATION: <u>875</u> ft.
	Depth(s) Groundwater Encountered 1. <u>20</u> ft. 2. _____ ft. 3. _____ ft.
	WELL'S STATIC WATER LEVEL <u>24.1</u> ft. below land surface measured on <u>mo/day/yr</u> <u>4/23/85</u>
	Pump test data: Well water was <u>33.0</u> ft. after <u>8</u> hours pumping <u>338</u> gpm
	Est. Yield <u>200</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
Bore Hole Diameter <u>24</u> in. to <u>55</u> ft., and _____ in. to _____ ft.	WELL WATER TO BE USED AS:
WELL WATER TO BE USED AS:	5 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 Lawn and garden only 10 Observation well
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____	Water Well Disinfected? Yes <u>X</u> No _____

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
2 PVC	4 ABS	7 Fiberglass	Welded <u>X</u>
Blank casing diameter _____ in. to _____ ft., Dia. <u>49-55</u> in. to _____ ft., Dia. _____ in. to _____ ft.			Threaded _____
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>322</u> "			
TYPE OF SCREEN OR PERFORATION MATERIAL:	7 PVC	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
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 <u>43</u> ft. to <u>49</u> ft., From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS:	From <u>14</u> ft. to <u>54</u> ft., From _____ ft. to _____ ft.		

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
Grout intervals: From <u>4</u> ft. to <u>14</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:	1 Septic tank	2 Lateral lines	3 Pit privy	4 Livestock pens
	5 Sewer lines	6 Cess pool	7 Sewage lagoon	8 Fuel storage
	3 Watertight sewer lines	6 Seepage pit	9 Feedyard	10 Fertilizer storage
				11 Insecticide storage
Direction from well? <u>all around</u>				12 Abandoned water well
				13 Oil well/Gas well
				14 Other (specify below) _____
				15 Insecticide storage
				How many feet? <u>20'</u>

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0.0	2.0	Topsoil			
2.0	10.0	Brown silty clay			
10.0	13.0	Brown sandy silt			
13.0	18.0	Brown fine sand			
18.0	20.0	Brown fine to medium sand, trace medium sand			
20.0	25.0	Gray medium sand, trace coarse sand			
25.0	30.0	Gray medium sand			
30.0	35.0	Gray medium to coarse sand, trace fine sand			
35.0	41.0	Gray medium sand, trace clay			
41.0	49.0	Gray medium-coarse sand			
49.0	55.0	Gray shale			
55.0	Total	Depth			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>1</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4/30/85</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/yr) <u>5/15/85</u> under the business name of <u>Layne-Western Co., Inc.</u> by (signature) <u>David D. Smith</u>
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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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.