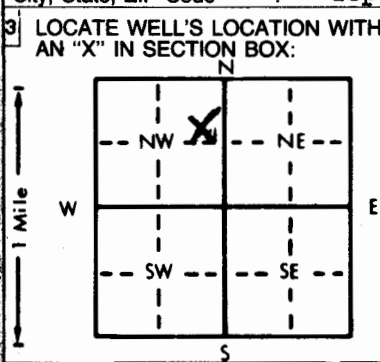


1 LOCATION OF WATER WELL: County: Shawnee	Fraction SE 1/4 NE 1/4 NW 1/4	Section Number 25	Township Number T 11 S	Range Number R 15 EW
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Distance and direction from nearest town or city street address of well if located within city?
I-70 & Macvicar; Topeka, Kansas

2 WATER WELL OWNER: **City of Topeka; Dept. of Public Works**
 RR#, St. Address, Box #: **215 SE 7th**
 City, State, ZIP Code: **Topeka, Kansas 66603**
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL: **49** ft. ELEVATION: **875** ft.
 Depth(s) Groundwater Encountered 1. **20** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **24** ft. below land surface measured on mo/day/yr **4/19/85**
 Pump test data: Well water was **25** ft. after **6** hours pumping **15** gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **12** in. to **49** ft., and _____ in. to _____ ft.
 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 ~~10 Other (Specify below)~~
 2 Irrigation ~~4 Industrial~~ 7 Lawn and garden only **10 Observation well** ~~Monitor~~
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X**; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes **X** No

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

Blank casing diameter **4** in. to **43** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **28** in., weight _____ lbs./ft. Wall thickness or gauge No. **Schedule 80**

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

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

SCREEN-PERFORATED INTERVALS: From **43** ft. to **49** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **3** ft. to **49** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From **0** ft. to **3** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 Septic tank Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
 _____ 13 Insecticide storage _____
 Direction from well? **all around** How many feet? **20'**

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	Total	Depth			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **4/30/85** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **102**. This Water Well Record was completed on (mo/day/yr) **4/15/85** under the business name of **Layne-Western Co., Inc.** by (signature) *[Signature]*

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.