

1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: Shawnee NE 1/4 NE 1/4 SW 1/4	31	11	16-East

Distance and direction from nearest town or city street address of well if located within city?

801 SW Topeka Avenue, Topeka, Kansas

2 WATER WELL OWNER: **Kwik Shop, Inc.**
 RR#, St. Address, Box # **P.O. Box 1927**
 City, State, ZIP Code : **Hutchinson, Kansas 67504-1927**
 Board of Agriculture, Division of Water Resources
 Application Number:

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 12.0 ft. WELL'S STATIC WATER LEVEL 6.36 ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden (domestic) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other 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
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N

NW	NE
X	SE
SW	SE

S

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)
 2 **PVC** 4 ABC 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter **2.375** in. Was casing pulled? Yes **X** No _____ If yes, how much? **12'**
 Casing height above or below land surface **Unknown** in. **Overdrilled well to 12'**

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 **Bentonite** 4 **Other** **Concrete**
 Grout Plug Intervals From **12.0** ft. to **1.0** ft. From **1.0** ft. to **0.0** ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 **Fuel storage (Former)** 16 Other (specify below)
 2 Sewer lines 7 Pit privy 12 Fertilizer storage
 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
 4 Lateral lines 9 Feedyard 14 Abandoned water well
 5 Cess Pool 10 Livestock pens 15 Oil well/ Gas well
 Direction from well? **South** How many feet? **5**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	1.0		Concrete
1.0	12.0		Bentonite chips

RECEIVED
 NOV 09 2004
 BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **10/29/04** 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) **11/01/04** 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 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.