

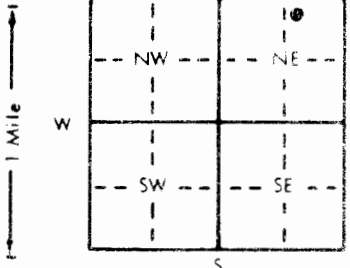
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1	LOCATION OF WATER WELL: County: Shawnee	Fraction NW $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 31	Township Number T 11 S	Range Number R 16 EW
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Distance and direction from nearest town or city street address of well if located within city?
200 Jackson Street, Topeka, Ks.

2 WATER WELL OWNER: **Adams Business Forms**
 RR#, St. Address, Box #: **200 Jackson**
 City, State, ZIP Code: **Topeka, Ks.**
 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 **15'** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL: **12.56** ft. below land surface measured on mo day yr **1-14-78**
 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:
 1 Domestic 3 Feediol 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well
 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: Gued _____ Clamped _____
 2 **PVC** 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 Blank casing diameter **2.375** in. to **10'** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____
 Casing height above land surface **Flush Mt.** in. weight _____ lbs. ft. Wall thickness or gauge No. **SDR 13**
 TYPE OF SCREEN OR PERFORATION MATERIAL: **7 PVC** 10 Asbestos-cement **SCE 40**
 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-PERFORATED INTERVALS: From **20'** ft. to **10'** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20'** ft. to **8'** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL:
 1 Neat cement 2 **Cement grout** 3 **Bentonite** 4 Other _____
 Grout intervals: From **8'** ft. to **3'** ft. From **3'** ft. to **0'** 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 FOUR** 15 Oil well Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____
 13 Insecticide storage _____
 Direction from well? **South** How many feet? **130'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Concrete			
1	3	Fill, clay, gravel, moist, no odor.			
3	20	Dk gray silty clay, moist, no odor. Gray-brn silty clay at 15', wet, mottled, mod. odor.			

F.H. OK'd by Don Taylor

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) **constructed**, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo day year) **1-14-78** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **539**. This Water Well Record was completed on (mo day yr) **2-24-78** under the business name of **CB Environmental DRILLING** by (signature) *James Burke*

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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.