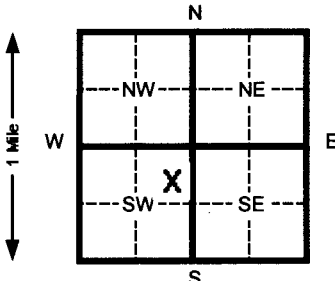


1 LOCATION OF WATER WELL: Fraction **NE ¼ NE ¼ SW ¼** Section Number **31** Township Number **T 11 S** Range Number **R 16** E/W
 County: **Shawnee**

Distance and direction from nearest town or city street address of well if located within city?
801 SW Topeka Boulevard, Topeka, Kansas

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

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:


4 DEPTH OF COMPLETED WELL **11.5** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 **10.0** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **8.42** ft. below land surface measured on **mo/day/yr** **05/05/06**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **NA** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **8.5** in. to **11.5** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) **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: Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded **X**
 Blank casing diameter **2.375** in. to **4.5** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **Flush Mount** in., weight _____ lbs./ft. Wall thickness or gauge No. **Schedule 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 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 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **11.5** ft. to **4.5** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **11.5** ft. to **3.0** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grout Intervals From **0.0** ft. to **1.0** ft. From **1.0** ft. to **3.0** 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 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? **5**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	0.5		Concrete
0.5	4.0		Very dark gray silty clay, slightly mottled orange, friable, moist, moderate odor
4.0	5.5		Gray-dark gray silty clay, slightly mottled orange, firm, moist, moderate odor
5.5	7.5		Rust brown-dark gray silty clay, trace sand, friable, moist-very moist, moderate odor
7.5	9.0		Blue gray-rust brown very silty clay, slightly sandy, gravelly, sandstone fragments, firm, moist, strong odor
9.0	10.0		Yellow brown very silty clay, slightly sandy, gravelly, sandstone fragments, very firm, moist-slightly moist
10.0	11.0		Brown olive-blue gray slightly silty clay, trace sand, slightly gravelly, oxides, firm, wet, strong odor
11.0	11.5		Dark gray-blue gray fissile shale
Flush-mount well completion approved by D. Taylor, KDHE-BOW.			

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/yr) **05/02/06** 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) **05/22/06**
 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 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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