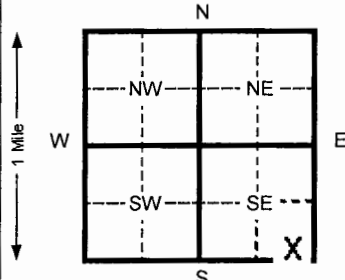


1 LOCATION OF WATER WELL: County: <b>Shawnee</b>	Fraction <b>SE ¼ SE ¼ SE ¼</b>	Section Number <b>28</b>	Township Number T <b>11</b> S	Range Number R <b>16</b> E/W
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Distance and direction from nearest town or city street address of well if located within city?  
**approximately 140 feet north of Seward & Arter Avenues, Topeka, KS, Lat: 39° 3.554', Long: 95° 38.037'**

2 WATER WELL OWNER: **Contech**  
 RR#, St. Address, Box # : **2700 NE Seward Ave** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Topeka, KS 66605** Application Number:

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL <b>55</b> ft. ELEVATION: <b>Unknown</b> Depth(s) Groundwater Encountered 1 <b>Unknown</b> ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <b>Unk.</b> ft. below land surface measured on mo/day/yr _____ Pump test data: Well water was <b>N/A</b> ft. after _____ hours pumping _____ gpm Est. Yield <b>N/A</b> gpm: Well water was <b>N/A</b> ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>8</b> in. to <b>55</b> 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 <b>Monitoring well</b> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>
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5 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued \_\_\_\_\_ Ciamped \_\_\_\_\_  
 2 **PVC** 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
 7 Fiberglass \_\_\_\_\_ Threaded \_\_\_\_\_  
 Blank casing diameter **2** in. to **50** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **0** in., weight **0.682** lbs./ft. Wall thickness or gauge No. **0.1875** in.  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 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 7 Torch cut 10 Other (specify) \_\_\_\_\_  
 SCREEN-PERFORATED INTERVALS: From **50** ft. to **55** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **47** ft. to **55** 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 **1** ft. to **47** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 **Other (specify below)** \_\_\_\_\_  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage **TCE plume**  
 Direction from well? **within plume area** How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	17	gravelly sand fill			
1	11	03	silty clay			
11	21	02	silt			
21	28	03	silty clay			
28	55	05	sand			

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) **7/18/06** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **616** This Water Well Record was completed on (mo/day/yr) **12/20/06** under the business name of **Thiele Geotech, Inc.** by signature **D. JAL**

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.

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