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|---|--------------------------------|--------------------------|-------------------------------|------------------------------|
| 1 LOCATION OF WATER WELL: County: Shawnee | Fraction SE ¼ SE ¼ SE ¼ | Section Number 28 | Township Number T 11 S | Range Number R 16 E/W |
|---|--------------------------------|--------------------------|-------------------------------|------------------------------|

Distance and direction from nearest town or city street address of well if located within city?
approximately 350 feet north of Seward & Kellam Avenues, Topeka, KS, Lat: 39° 3.592', Long: 95° 37.980'

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 LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL 35 ft. ELEVATION: Unknown |
|--|---|

Depth(s) Groundwater Encountered 1 **Unknown** ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **Unk.** ft. below land surface measured on mo/day/yr _____

Pump test data: Well water was **N/A** ft. after _____ hours pumping _____ gpm

Est. Yield **N/A** gpm: Well water was **N/A** ft. after _____ hours pumping _____ gpm

Bore Hole Diameter **8** in. to **35** 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 |

Blank casing diameter **2** in. to **25** 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 | 6 Wire wrapped | 9 Drilled holes | |
| | | 7 Torch cut | 10 Other (specify) | |

SCREEN-PERFORATED INTERVALS: From **25** ft. to **35** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **23** ft. to **35** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL:

| | | | |
|---------------|----------------|--------------------|---------------|
| 1 Neat cement | 2 Cement grout | 3 Bentonite | 4 Other _____ |
|---------------|----------------|--------------------|---------------|

Grout intervals From **1** ft. to **23** 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 | 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) |

Direction from well? **south** How many feet? **approximately 50 feet**

| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|------|------------------------|------|----|--------------------|
| 0 | 13 | 03 | silty clay | | | |
| 13 | 17 | 02 | silt | | | |
| 17 | 21 | -- | silt & clay | | | |
| 21 | 30 | 03 | silty clay | | | |
| 30 | 35 | 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) **7/19/06** 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. J. [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.