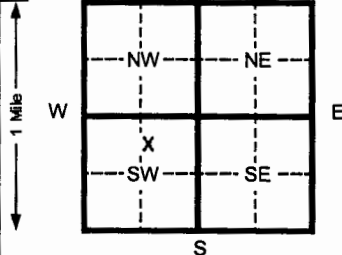


|   |   |                            |                                  |                                      |
|---|---|----------------------------|----------------------------------|--------------------------------------|
| 1 LOCATION OF WATER WELL:<br>County: <b>Shawnee</b> | Fraction<br><b>NW</b> ¼ <b>NE</b> ¼ <b>SW</b> ¼ | Section Number<br><b>7</b> | Township Number<br>T <b>11</b> S | Range Number<br>R <b>16</b> <b>E</b> |
|---|---|----------------------------|----------------------------------|--------------------------------------|

Distance and direction from nearest town or city street address of well if located within city?  
**2640 NW Reo St., Topeka**

2 WATER WELL OWNER: **KDHE**  
 RR#, St. Address, Box # : **1000 SW Jackson St., Ste. 410**  
 City, State, ZIP Code : **Topeka, KS 66612**  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_

|   |  |
|---|--|
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br> | 4 DEPTH OF COMPLETED WELL <b>39.5</b> ft. ELEVATION: <b>885.86 (TOC)</b><br>Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.<br>WELL'S STATIC WATER LEVEL <b>30.55</b> ft. below land surface measured on mo/day/yr <b>08/07/07</b><br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Bore Hole Diameter <b>8</b> in. to <b>39.5</b> ft. and _____ in. to _____ ft.<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <b>10 Monitoring well</b><br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected? Yes _____ No <b>X</b> |
|---|--|

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 \_\_\_\_\_ Flush \_\_\_\_\_  
 Blank casing diameter **2** in. to **24.5** ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **Flush** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**  
 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 **24.5** ft. to **39.5** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **22.5** ft. to **39.5** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other **Flowable Fill**  
 Grout Intervals From **22.5** ft. to **16** ft. From **16** ft. to **1** 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? \_\_\_\_\_ How many feet? \_\_\_\_\_

| FROM | TO   | CODE | LITHOLOGIC LOG                            | FROM | TO | PLUGGING INTERVALS |
|------|------|------|---|------|----|--------------------|
| 0    | 0.5  |      | Topsoil                                   |      |    |                    |
| 0.5  | 7    |      | Silty Clay, dark brown                    |      |    |                    |
| 7    | 10   |      | Clay, silty, light brown                  |      |    |                    |
| 10   | 16.5 |      | Silt, white                               |      |    |                    |
| 16.5 | 17   |      | Clay, brown                               |      |    |                    |
| 17   | 20   |      | Silty, white                              |      |    |                    |
| 20   | 21.5 |      | Clay, brown                               |      |    |                    |
| 21.5 | 30   |      | Sand, fine to medium grains, light brown  |      |    |                    |
| 30   | 39.5 |      | Sand, medium to coarse grains, light gray |      |    |                    |

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) **08/21/07** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **08/24/07** under the business name of **Geotechnical 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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