

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Shawnee	NW ¼ NE ¼ SW ¼	7	T 11 S	R 16 E

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**

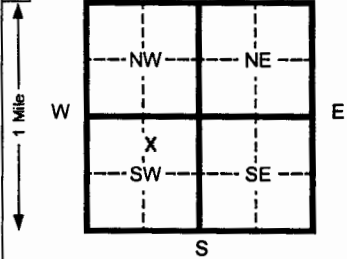
RR#, St. Address, Box # : **1000 SW Jackson St., Ste. 410**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **Topeka, KS 66612**

Application Number:

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



4 DEPTH OF COMPLETED WELL

39 ft. ELEVATION: **886.20 (TOC)**

Depth(s) Groundwater Encountered 1 **30.88** ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **31.29** ft. below land surface measured on mo/day/yr **08/07/07**

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** in. to **39** 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 Flush |

Blank casing diameter **2** in. to **24** 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 | 7 PVC | 10 Asbestos-cement |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 8 RMP (SR) | 11 Other (specify) _____ |
| | | | 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** ft. to **39** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **21.5** ft. to **39** 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 **21.5** ft. to **1** 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) |
| | | | 13 Insecticide storage | |

Direction from well?

How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.4		Asphalt			
0.4	2		Rock			
2	11		Clay, silty, dark brown to light brown			
11	28		Silt, light brown			
28	39		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) **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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