

1 LOCATION OF WATER WELL: County: Shawnee	Fraction SE ¼ SE ¼ SW ¼	Section Number 17	Township Number T 11 N	Range Number R 16 E
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Distance and direction from nearest town or city street address of well if located within city?
110 NE Lyman Road, Topeka, KS

2 WATER WELL OWNER: **KDHE-UST Program**
RR#, St. Address, Box #: **1000 SW Jackson** 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 **14** ft. ELEVATION: _____
Depth(s) Groundwater Encountered **11.5** ft. 2 _____ ft. 3 _____ Ft.
WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr
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 **6.25** In. to **14** 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** **SV-2S**
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 **4** in. to **6** Ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **FLUSH** In., weight **SCH 40** Lbs./ft. Wall thickness or gauge No. _____
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 **6** ft. to **14** ft. From _____ ft. to _____ ft.
SAND PACK INTERVALS: From **4** ft. to **14** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 **Bentonite** 4 Other _____
Grout intervals From 2 **0.5** Ft. to **1.5** Ft. From 3 **1.5** Ft. to **4** 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)**
Contaminated Site

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5		Asphalt			
0.5	5.5		Clay			
5.5	14		Sand			
14	TD		End of Borehole			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w Completed (mo/day/yr) **06/07/11** And this record is true to my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **07/18/11** under the business name of **Associated Environmental, Inc.** By (signature) **Bradley J. Johnson**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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