

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Shawnee	SE ¼ SE ¼ SW ¼	17	T 11 N	R 16 E

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 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 28 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 9.5 In. to 28 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 MW-9		
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 **2** in. to **13** 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 **13** ft. to **28** ft. From _____ ft. to _____ ft.

SAND PACK INTERVALS: From **11** ft. to **28** 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 **3** Ft. From 3 **3** Ft. to **11** 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? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1		Asphalt			
1	7		Silty Clay			
7	28		Sand, silty, fine to very fine grained			
28	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 was Completed on (mo/day/yr) **08/15/11** And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **10/03/11** 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.

OFFICE USE ONLY

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