

1 LOCATION OF WATER WELL: County: Shawnee	Fraction SE 1/4 NW 1/4 NE 1/4	Section Number 33	Township Number T 11 S	Range Number R 16 EW
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Distance and direction from nearest town or city street address of well if located within city?
 Approximately 1600' SE of Golden & Seward Avenues, Topeka, Kansas

2 WATER WELL OWNER: **AT & SF Railroad Company**
 RR#, St. Address, Box # : **900 Jackson St., P. O. Box 1738**
 City, State, ZIP Code : **Topeka, Kansas 66628**
 Board of Agriculture, Division of Water Resources
 Application Number:

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

4 DEPTH OF COMPLETED WELL: **35.0** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. **24.8** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **23.04** ft. below land surface measured on mo/day/yr **8/29/84**
 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 _____ in. to _____ ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering ~~Other (Specify below)~~
 2 Irrigation 4 Industrial 7 Lawn and garden only **10 Observation well**
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X**; If yes, mo/day/yr sample was sub-
 mitted 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 _____ in. to _____ 20 _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface _____ 18 _____ in., weight _____ lbs./ft. Wall thickness or gauge No. **Schedule 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 _____ 20.0 _____ ft. to _____ 35.0 _____ ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ 16.0 _____ ft. to _____ 35.0 _____ ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement **2 Cement grout** **3 Bentonite Pellets** Other _____
 Grout Intervals: 2 From _____ 0.0 _____ ft. to _____ 10.0 _____ ft. 3 From _____ 15.0 _____ ft. to _____ 16.0 _____ 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 **Sludge lagoon**
 Direction from well? **West** How many feet? **50'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0.0	2.5	7 Brick, wood, gravel, sand (FILL)			
2.5	12.5	Light brown silty clay, trace fine sand, moist, stiff			
12.5	15.0	Olive brown silty clay, trace fine sand, moist, stiff			
15.0	25.5	3 Olive brown very silty clay, very moist, soft			
25.5	35.0	5 Brown medium to coarse sand, wet			
35.0		Total depth			

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/year) _____ **8/22/84** _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **102** This Water Well Record was completed on (mo/day/yr) _____ **9/27/84** under the business name of **Layne-Western Co., Inc.** by (signature) **Diana A. Wumbaugh**

INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
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EW
SEC.
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SE 1/4
1/4
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