

OFFICE USE ONLY

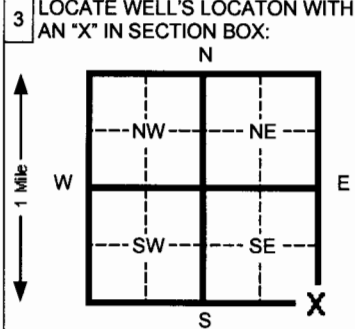
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1 LOCATION OF WATER WELL: Fraction **SE 1/4 SE 1/4 SE 1/4** Section Number **3** Township Number **T 12 S** Range Number **R 15** **(EW)**

County: **Shawnee**
 Distance and direction from nearest town or city street address of well if located within city?
2037 Gage Boulevard, Topeka, Kansas

2 WATER WELL OWNER: **Will Chaffee**
 RR#, St. Address, Box # : **2401 Village Lane** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Salina, Kansas 67401** Application Number:



4 DEPTH OF COMPLETED WELL **18.0** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 **9.0** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **11.58** ft. below land surface measured on mo/day/yr **03/22/05**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **NA** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **8.5** in. to **18.0** 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 **X**
 Blank casing diameter **2.375** in. to **5.0** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **Flush Mount** 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 **(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 **18.0** ft. to **5.0** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **18.0** ft. to **3.0** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement **(2) Cement grout** **(3) Bentonite** 4 Other _____
 Grout Intervals From **0.0** ft. to **1.0** ft. From **1.0** ft. to **3.0** ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy **(11) Fuel storage (former)** 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/ Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____
 Direction from well? **East-northeast** How many feet? **65**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	4.0		Dark brown-gray brown very silty clay, laminated, very firm, moist
4.0	7.0		Dark brown-gray brown very silty clay, laminated, very firm, moist, slightly discolored gray-blue, trace odor
7.0	10.0		Olive gray very silty clay, very firm, moist, trace gray discoloration, odor
10.0	13.0		Olive gray very silty clay, very firm, moist-very moist, trace odor
13.0	18.0		Light olive green very silty clay, very firm, very moist, odor

Flush-mount well completion approved by Don Taylor, KDHE, BOW.

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) **03/15/05** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **04/04/05** under the business name of **Quad State Services, Inc.** by (signature) _____