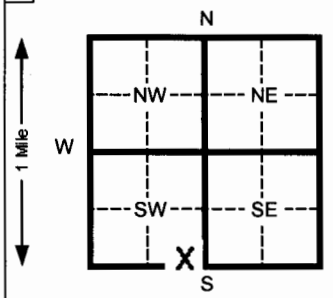
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. **RMW-2**

1 LOCATION OF WATER WELL: County: **Shawnee** | Fraction: **SE ¼ SE ¼ SW ¼** | Section Number: **11** | Township Number: T **12** S | Range Number: R **15** (E)W

Distance and direction from nearest town or city street address of well if located within city?
3101 SW 29th Street, Topeka, Kansas

2 WATER WELL OWNER: **Kent Lindemuth**
RR#, St. Address, Box # : **4350 Greenhills Place**
City, State, ZIP Code : **Topeka, Kansas 6618**
Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF COMPLETED WELL **19.5** ft. ELEVATION:
Depth(s) Groundwater Encountered 1 **17.0** ft. 2 ft. 3 ft.
WELL'S STATIC WATER LEVEL **11.30** ft. below land surface measured on mo/day/yr **03/09/06**
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 **19.5** ft. and in. to ft.
WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feed lot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden (domestic) 8 Air conditioning 9 Dewatering (10) Monitoring well 11 Injection well 12 Other (Specify below)
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**

OFFICE USE ONLY

5 TYPE OF BLANK CASING USED: (2) PVC | 1 Steel | 3 RMP (SR) | 4 ABS | 5 Wrought Iron | 6 Asbestos-Cement | 7 Fiberglass | 8 Concrete tile | 9 Other (specify below)
CASING JOINTS: Glued Clamped Welded Threaded **X**
Blank casing diameter **2.375** in. to **9.5** 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: (7) PVC | 1 Steel | 2 Brass | 3 Stainless steel | 4 Galvanized steel | 5 Fiberglass | 6 Concrete tile | 8 RMP (SR) | 9 ABS | 10 Asbestos-cement | 11 Other (specify) | 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot | (3) Mill slot | 2 Louvered shutter | 4 Key punched | 5 Gauzed wrapped | 6 Wire wrapped | 7 Torch cut | 8 Saw cut | 9 Drilled holes | 10 Other (specify) | 11 None (open hole)
SCREEN-PERFORATED INTERVALS: From **19.5** ft. to **9.5** ft. From ft. to ft.
From ft. to ft. From ft. to ft.
GRAVEL PACK INTERVALS: From **19.5** ft. to **7.0** ft. From ft. to ft.
From ft. to ft. From ft. to ft.

T

R

6 GROUT MATERIAL: 1 Neat cement (2) Cement grout (3) Bentonite 4 Other
Grout Intervals From **0.0** ft. to **2.0** ft. From **2.0** ft. to **7.0** ft. From ft. to ft.
What is the nearest source of possible contamination:
1 Septic tank | 2 Sewer lines | 3 Watertight sewer lines | 4 Lateral lines | 5 Cess pool | 6 Seepage pit | 7 Pit privy | 8 Sewage lagoon | 9 Feedyard | 10 Livestock pens | (11) Fuel storage | 12 Fertilizer storage | 13 Insecticide storage | 14 Abandoned water well | 15 Oil well/ Gas well | 16 Other (specify below)
Direction from well? **Southwest** How many feet? **475**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	12.0		Brown very silty clay, laminated, some iron oxide staining, very firm, moist
12.0	19.5		Red brown very silty clay, laminated, some iron oxide staining, very firm, moist-very moist
			Flush-mount well completion approved by D. Taylor, KDHE-BOW.

SEC

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) **03/07/06** 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) **03/21/06** under the business name of **Quad State 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.

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