

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Shawnee</b>	<b>NE ¼ NE ¼ NW ¼</b>	<b>14</b>	<b>12</b>	<b>15-East</b>

Distance and direction from nearest town or city street address of well if located within city?

**3101 SW 29<sup>th</sup> Street, Topeka, Kansas**

2 WATER WELL OWNER: <b>Kent Lindemuth</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # <b>4350 Greenhills Place</b>	Application Number:
City, State, ZIP Code : <b>Topeka, Kansas 66618</b>	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <b>29.0</b> ft.												
<div style="text-align: center;">N W      E SW      SE S</div>	WELL'S STATIC WATER LEVEL <b>25.00</b> ft.												
	WELL WAS USED AS:												
	<table><tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Lawn and Garden (domestic)</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other</td></tr></table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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4 Industrial	8 Air Conditioning	12 Other											
	Was a chemical/bacteriological sample submitted to Department? Yes ___ No <b>X</b>												
	If yes, mo/day/yr sample was submitted _____												
	Water Well Disinfected: Yes ___ No <b>X</b>												

5 TYPE OF BLANK CASING USED:	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
	2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	
Blank casing diameter <b>2.375</b> in.	Was casing pulled? Yes <b>X</b> No ___	If yes, how much? <b>29.0'</b>			
Casing height above or below land surface <b>Unknown</b> in.	Per approval by KDHE-BOW, well not overdrilled due to inaccessibility to drill rig.				

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other	Soils
Grout Plug Intervals From <b>29.0</b> ft. to <b>3.0</b> ft. From <b>3.0</b> ft. to <b>0.0</b> ft. From ___ ft. to ___ ft.					

What is the nearest source of possible contamination:

- |                          |                   |                         |                          |
|--------------------------|-------------------|-------------------------|--------------------------|
| 1 Septic tank            | 6 Seepage pit     | 11 Fuel storage         | 16 Other (specify below) |
| 2 Sewer lines            | 7 Pit privy       | 12 Fertilizer storage   |                          |
| 3 Watertight sewer lines | 8 Sewage lagoon   | 13 Insecticide storage  |                          |
| 4 Lateral lines          | 9 Feedyard        | 14 Abandoned water well |                          |
| 5 Cess Pool              | 10 Livestock pens | 15 Oil well/ Gas well   |                          |

Direction from well? **Northeast** How many feet? **100**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	3.0		Compacted soils
3.0	29.0		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>01/04/07</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>692</b> This Water Well Record was completed on (mo/day/yr) <b>01/08/07</b>
by (signature) <i>[Signature]</i> Under the business name of <b>Quad State Services, Inc.</b>

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 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.