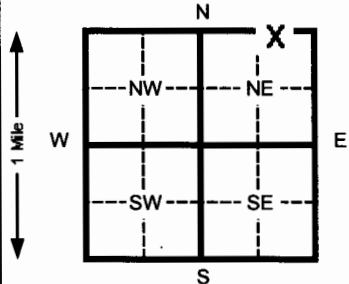


1 LOCATION OF WATER WELL: Fraction **NW 1/4 NE 1/4 NE 1/4** Section Number **11** Township Number **T 12 S** Range Number **R 15** **EW**
 County: **Shawnee**
 Distance and direction from nearest town or city street address of well if located within city?

2619 SW 21st Street, Topeka, Kansas

2 WATER WELL OWNER: **Kwik Shop, Inc.**
 RR#, St. Address, Box # : **734 E. 4th Avenue** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Hutchinson, Kansas 67504** Application Number:

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


4 DEPTH OF COMPLETED WELL **19.5** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 **16.5** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **9.56** ft. below land surface measured on mo/day/yr **08/28/07**
 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: 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 **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:
 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 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 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 **7.5** 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 **7.5** 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 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? **North** How many feet? **85**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	0.5		Asphalt
0.5	4.0		Brown-red brown silty clay, laminated, very firm, moist
4.0	8.5		Dark brown silty clay, laminated, very firm, moist
8.5	12.5		Olive green-red brown silty clay, laminated, very firm, moist
12.5	18.0		Orange silty clay, light gray silt lenses, limonite concretions, iron oxide stained, firm, moist-wet
18.0	19.0		Olive green silty clay, light gray silt lenses, limonite, iron oxide stained, firm, wet
19.0	19.5		Gray shale, hard
Exception to K.A.R. 28-30-6(b) (1) and (e) approved by D. 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) **08/22/07** 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) **09/17/07**
 under the business name of **Quad State Services, Inc.** by (signature) *[Signature]*

OFFICE USE ONLY

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