

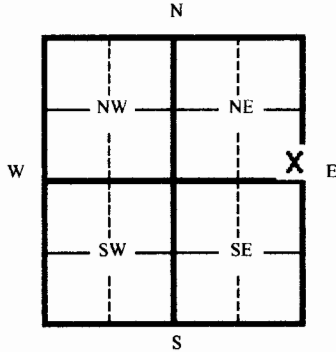
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Shawnee</b>	<b>SE ¼ SE ¼ NE ¼</b>	<b>13</b>	<b>12</b>	<b>15-East</b>

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

**330, Topeka Blvd, Topeka Kansas**

2 WATER WELL OWNER: <b>Jiffy Lube</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # <b>3201 Gilham Plaza</b>	Application Number:
City, State, ZIP Code : <b>Kansas City, MO</b>	

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



4 DEPTH OF WELL	<b>15.0</b>	ft.
WELL'S STATIC WATER LEVEL	<b>NA</b>	ft.
WELL WAS USED AS:		
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
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>3'</b>
Casing height above or below land surface	<b>Unknown</b> in.	<b>Overdrilled well to 3"</b>			

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other	<b>Asphalt</b>
GROUT PLUG INTERVALS	From <b>15.0</b> ft. to <b>3.0</b> ft.	From <b>3.0</b> ft. to <b>1.0</b> ft.	From <b>1.0</b> ft. to <b>0.0</b> ft.		

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage (former)	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? **N/A** How many feet? **0**

FROM	TO	CODE	PLUGGING MATERIALS
<b>0.0</b>	<b>1.0</b>		<b>Asphalt</b>
<b>1.0</b>	<b>3.0</b>		<b>Soils</b>
<b>3.0</b>	<b>15.0</b>		<b>Bentonite chips</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:	This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>04/23/08</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>05/05.08</b> under the business name of <b>Quad State Services, Inc.</b> by (signature) <i>[Signature]</i>		
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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.