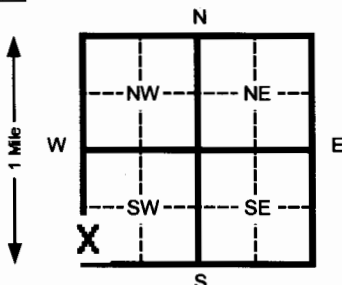


1 LOCATION OF WATER WELL: County: <b>Shawnee</b>	Fraction <b>SW ¼ SW ¼ SW ¼</b>	Section Number <b>2</b>	Township Number <b>T 12 S</b>	Range Number <b>R 15</b> <span style="float:right;">EW</span>
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Distance and direction from nearest town or city street address of well if located within city?  
**2000 Gage Boulevard, Topeka, Kansas**

2 WATER WELL OWNER: **Workingman's Friend Oil, Inc.**  
 RR#, St. Address, Box # : **1200 Bank IV Tower** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Topeka, Kansas 66603** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  	4 DEPTH OF COMPLETED WELL <b>25.0</b> ft. ELEVATION: Depth(s) Groundwater Encountered 1 <b>13.0</b> ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <b>13.57</b> ft. below land surface measured on mo/day/yr <b>10/03/08</b> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <b>NA</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>7.5</b> in. to <b>25.0</b> 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) <b>10</b> Monitoring well 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>
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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 **10.0** 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 8 RMP (SR) 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) \_\_\_\_\_  
 12 None used (open hole) \_\_\_\_\_

SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot 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 **25.0** ft. to **10.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **25.0** ft. to **9.0** 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 **9.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:  
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 **Fuel storage (former)** 15 Oil well/ Gas well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) \_\_\_\_\_  
 13 Insecticide storage \_\_\_\_\_

Direction from well? **N/A** How many feet? **0**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	0.5		<b>Concrete</b>
0.5	4.5		<b>Dark brown silty clay, sand, aggregate, rock, friable, moist</b>
4.5	9.0		<b>Gray-blue silty clay, sand, firm, moist; slight hydrocarbon odor</b>
9.0	13.0		<b>Brown, gray-blue sandy clay, gravelly, friable, very moist; slight-moderate hydrocarbon odor</b>
13.0	21.0		<b>Blue clayey silt, wet; moderate hydrocarbon odor</b>
21.0	25.0		<b>Blue-gray silt-very fine grained sand, wet; slight hydrocarbon odor</b>
<b>Flush-mount well completion waiver existent for site.</b>			

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) **10/02/08** 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) **10/21/08**  
 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.