LICCATION OF WATER WELL Shawmee NW NE SW Socion Number Township Number				WATE	R WELL RECORD	Form WWC-5	KSA 82a-121	12 ID No	MW-3	R	
isstance and direction from nearest town or city street address of well if located within city? 732 SW Topeka Roulevard, Topeka, Kansas 68601 Board of Agriculture, Division of Water Resources, Application Number. COATE WELL SUCCATON WITH								•	i	-	ber
WATENWELL OLORATOR Topeka, Kansas Water New Wa						SW 1/4		T 12	s	R 16	<u>(E)</u> /V
WATER WELL OWNER Capital City Oil Company RS, IAddress Bos P. P.O. Box 618 Boserl of Agriculture, Division of Water Resources Application Number: Topeka, Kansas 66601 Application Number: Topeka, Kansas 6601 Application Number: Topeka				•		ated within city?	?				
Type OF BLANK CASING USED: Seminary Steel Seminary Semin									M		
Contract Pode Topeka, Kansas 66601			•	•	mpany						
DOATE WELL'S LOCATION BOX								Board of Agric	ulture, Divisio	n of Water Re	sources
Depth(s) Groundwater Encountered 1.1.5 ft. 2 ft. 3 ft	City, State, Z	ZIP Code	: Topeka	ı, Kansas 66	601			Application Nu	ımber:		
Depth(s) Groundwater Encountered 1.1.5 ft. 2 ft. 3 ft	3 LOCATE	WELL'S LOC	ATON WITH	4 DEBTH OF	OMDI ETER WELL	20	10 4 5 5 7 /	ATION:			
WELLS STATIC WATER LEVEL 7.75 ft. below land surface measured on moldaryly appropriated static well water was ft. stafer hours pumping appropriated by the water was ft. stafer hours pumping appropriated by the water was ft. stafer hours pumping appropriated by the water was ft. stafer hours pumping appropriated by the water was ft. stafer hours pumping appropriated by the water was ft. stafer hours pumping appropriated by the water was ft. stafer hours pumping appropriated by the water was ft. stafer hours pumping appropriated by the water was ft. stafer stafe hours pumping appropriated by the water was ft. stafer stafe hours pumping appropriated by the water was ft. stafer stafe hours pumping appropriated by the water was ft. stafer stafe appropriate was a chemical beautiful and the water was ft. stafer stafe appropriate was a chemical beautiful and the water was ft. stafer stafe appropriate was a chemical beautiful and the water was ft. stafer stafe and the was a chemical beautiful and the water was ft. stafer stafe and the water was ft. stafer stafer and the water was ft.		OLO HON BO	<i>/</i> ^.			4	1. ELEVA	ATION:			
Pump test data: Well water was ft. after hours pumping gpm set, Yield NA gpm: Well water was ft. after hours pumping gpm set. Yield NA gpm: Well water was ft. after hours pumping gpm set. Yield NA gpm: Well Water Well Pumping Spm set. Yield NA gpm: Spm set. Yield NA gpm set.	. —	· · ·		Deptn(s) Ground	water Encountered	7	π.	2	π. 3	02/04/	π.
Est, Yield NA gen: Well water was the fafter hours pumping upon for the promoter 3.5 in. to 20.0 ft. and ordinoring 11 Injection well NVELLWATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 12 Dimested 5 Feed to 6 Oil field water supply 9 Dewatering 11 Injection well 12 Dimested 5 Feed to 6 Oil field water supply 9 Dewatering 11 Injection well 12 Dimested 5 Feed to 6 Oil field water supply 9 Dewatering 11 Injection well 12 Dimested 5 Feed to 6 Oil field water supply 9 Dewatering 11 Injection well 12 Dimested 5 Feed to 12 Dimested 5 Feed to 12 Dimested 5 Feed to 13 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 DIMESTED 13 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 DIMESTED 14 DIMESTED 15 DIMEST	↑ I	1 1	i I 1								
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2 Irrigation 4 Industrial 7 Lawn and garden (domestic) (0 Monitoring well Was a chemicabacteriological sample submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Department? Yes No X If yes, moldaylyr sample was submitted to State 1 State 1 State 2 State 3 State	₹ w	┍╵╮╼╂──	i E	Bore Hole Diame	eter 8.5 in.	to 2	0.0 f	t. and	in. to)	ft.
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) (0 Monitoring well Was a chemicabacteriological sample submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Department? Yes No X If yes, moldaylyr sample was submitted to State 1 State 1 State 2 State 3 State	7	_^ I	i i i	WELL WATER 1	TO BE USED AS:	5 Public water	supply	8 Air conditio	ning 11 l	njection well	
Was a chemical/bacteriological sample submitted to Department? Yes No X Mark Well Disinfector? Yes No X		sw	SE	1 Domestic	3 Feed lot	6 Oil field water	er supply	9 Dewatering	12 (Other (Specify	below)
Submitted Water Well Disinfected? Yes No X TYPE OF BLANK CASING USED: \$ Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded X Steel 3 RMP (SR) 7 Fiberglass 9 Threaded X	↓ [
TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped	У <u></u>	<u> </u>		Was a chemical/	bacteriological sam	ple submitted t					
Steel 3 RMP (SR) 6 Asbastos-Cement 9 Other (specify below) Threaded X				submitted			Wate	r Well Disinfecte	d? Yes	No	X
Continuous slot Continuous	5 TYPE OF	BLANK CAS	ING USED:		5 Wrought Iron	8 Con	crete tile	CASING JOH	ITS: Glued	Clamp	ed
ABS 7 Fiberglass Threaded X	1 Ste	el	3 RMP (S	SR)	6 Asbestos-Ce	ment 9 Oth	er (specify below	')	Welded		
Bank casing diameter 2.375 in. to 5.0 ft. Dia in. to ft. Casing height above land surface Flush Mount in., weight bs./ft. Withcheso or gauge No. Schedule 40 VPPE OF SCREEN OR PERFORATION MATERIAL: 7 VC 10 Asbestos-cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) 2 Continuous slot 3 Mill slot 6 Wire wrapped 9 Dilled holes 10 Other (specify) 10 Other (sp	(2)PV	0			7 Fiberglass				Threade	ed X	
Casing height above land surface Fillish Mount in, weight in,	Blank casino	diameter	2.375	in. to 5.0	ft Dia	ir	. to	ft Dia	in	. to	ft.
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2 Louverd shutter 4 Key punched 7 Torch cut 10 Other (specify) CREEN-PERFORATED INTERVALS: From 20.0 ft. to 5.0 ft. From ft. to ft. From ft.	SCREEN OF	R PERFORAT	ION OPENING	GS ARE:	5 0	Sauzed wrappe	d	8 Saw cut	11	None (open	hole)
CREEN-PERFORATED INTERVALS: From 20.0 ft. to 5.0 ft. From ft. to ft. From ft.			(3) ∣	Mill slot				9 Drilled holes			
From ft. to ft. From ft. to ft	2 Lou	vered shutter	¥ 1					10 Other (spec	ify)		
From ft. to ft. From ft. to ft	SCREEN-PE	ERFORATED	INTERVALS:	From	20.0 ft. to	5.0	ft. Fr	om	ft. to		ft.
GRAVEL PACK INTERVALS: From 20.0 ft. to 3.0 ft. From ft. to ft				From	ft. to		ft. Fr	om	ft. to		ft.
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other 3 Cement grout 3 Bentonite 4 Other 3 Cement grout 4 Other 3 Cement grout 5 Gentonitervals 5 From 9.0 ft. to 1.0 ft. From 1.0 ft. to 3.0 ft. From 1.1 Evertock pens 14 Abandoned water well 1 Septic tank 4 Lateral lines 7 Pit privy 1 Fuel storage (former) 15 Oil well/ Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage FROM TO CODE Southwest How many feet? 60 LITHOLOGIC LOG 0.0 0.5 Asphalt 0.5 3.0 Gray brown very silty clay, very firm, moist 3.0 8.5 Dark brown very silty clay, larminated, very firm, moist 8.5 14.0 Dark brown very silty clay, larminated, very firm, moist, discolored gray-blue I/P, trace hydrocarbon odor 14.0 20.0 Dark brown very silty clay, laminated, very firm, moist-very moist, discolored blue-gray, Strong hydrocarbon odor Flush-mount well completion waiver existent for site. Flush-mount well completion waiver existent for site. Flush-mount well contractor's License No. 692 This Water Well Record was completed for (no)day/yr) NSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment Bureau of Walk/, 1000 SW	GR/	AVEL PACK IN		From	20.0 ft. to	3.0	ft. Fr	om	ft. to		ft.
From Intervals From 0.0 ft. to 1.0 ft. From 1.0 ft. to 3.0 ft. From ft. to ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 1 Fuel storage (former) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? 60 FROM TO CODE 1 LITHOLOGIC LOG 0.0 0.5 Asphalt 0.5 3.0 Gray brown very silty clay, very firm, moist 3.0 8.5 Dark brown very silty clay, laminated, very firm, moist 8.5 14.0 Dark brown very silty clay, laminated, very firm, moist, discolored gray-blue I/P, trace hydrocarbon odor 14.0 20.0 Dark brown very silty clay, laminated, very firm, moist-very moist, discolored blue-gray, Strong hydrocarbon odor Flush-mount well completion waiver existent for site. Flush-mount well completion waiver existent for site. 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) 03/21/07 and this record is true to the best of my knowledge and belief. Kansas completed on (mo/day/yr) Nater Well Contractor's License No. 692 This Water Well Record was completed on (mo/day/yr) NISTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment/Bureau of Wate/ 1000 S W				From	ft. to		ft. Fr	om	ft. to		ft.
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What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 1 File Istorage (former) 1 Septic tank 4 Lateral lines 7 Pit privy 1 File Istorage (former) 1 Soli well/ Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 1 Fertilizer storage 1 6 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 1 3 Insecticide storage FROM TO CODE LITHOLOGIC LOG 0.0 0.5 Asphalt 0.5 3.0 Gray brown very silty clay, very firm, moist 3.0 8.5 Dark brown very silty clay, laminated, very firm, moist 8.5 14.0 Dark brown very silty clay, laminated, very firm, moist, discolored gray-blue I/P, trace hydrocarbon odor 14.0 20.0 Dark brown very silty clay, laminated, very firm, moist-very moist, discolored blue-gray, Strong hydrocarbon odor Flush-mount well completion waiver existent for site. Flush-mount well completion waiver existent for site. Flush-mount well record is true to the best of my knowledge and belief. Nansas completed on (mo/day/yr) 03/21/07 and this record is true to the best of my knowledge and belief. Nansas water well contractor's License No. For Contractor's License No. Government Burner of Purch Water Well Record was completed for (molday/yr) 03/29/97 Inter the business name of Quad State Services, Inc. INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment Bursau of Wals/ 1000 S W	Grout Interv	als From	0.0	ft. to 1.0	ft. From	1.0 ft	. to 3.0	ft. From		ft. to	ft.
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Flush-mount well completion waiver existent for site. Flush-mount waiver existent for site. Flush-mount waiver existent for site. Flush-mount waiver existent for site. Flus											
Flush-mount well completion waiver existent for site. 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) 8 and this record is true to the best of my knowledge and belief. Vansas Water Well Contractor's License No. 8 This Water Well Record was completed for (mo/day/yr) 93/29/97 10 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	14.0	20.0				nated, very	firm, moist-ve	ery moist, dis	colored ble	ue-gray,	
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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) Nater Well Contractor's License No. 692 This Water Well Record was completed (mo/day/yr) 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					· · · · · · · · · · · · · · · · · · ·						
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INSTRUCTIONS: Please till in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment/Bureau of Wate/, 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.							by	(signature)			
	Jackson	n St., Ste. 420 T	ase tili in blanks Topeka, Kansas	and circle the come 66612-1367	ect answers. Send the	ree copies to Kan 5. Send one to M	sas ∪epartment of /ATER WELLOW	Health and Enviro	nment/Bureau e for vour recor	or water, 1000 s	> VV