

1 LOCATION OF WATER WELL: County: Shawnee	Fraction NW ¼ NE ¼ SW ¼	Section Number 6	Township Number T 12 S	Range Number R 16 E/W
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Distance and direction from nearest town or city street address of well if located within city?

1732 SW Topeka Boulevard, Topeka, Kansas

2 WATER WELL OWNER: Capital City Oil Company	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # : P.O. Box 618	Application Number:
City, State, ZIP Code : Topeka, Kansas 66601	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 20.0 ft. ELEVATION: _____
	Depth(s) Groundwater Encountered 1 14.5 ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL 13.85 ft. below land surface measured on mo/day/yr 03/21/07
	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 20.0 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:	5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____	
2 PVC 4 ABS 7 Fiberglass _____ Threaded X	
Blank casing diameter 2.375 in. to 5.0 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: 7 PVC 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) _____	
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 20.0 ft. to 5.0 ft. From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From 20.0 ft. to 3.0 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 3.0 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 (former) 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? Southeast How many feet? 90	

FROM	TO	CODE	LITHOLOGIC LOG
0.0	0.5		Asphalt
0.5	12.0		Brown-red brown very silty clay, laminated, very firm, moist
12.0	14.0		Brown-red brown very silty clay, interbedded light yellow limestone stringers, laminated, very firm, moist
14.0	20.0		Light yellow-brown weathered shale
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	This Water Well Record was completed on (mo/day/yr) 03/29/07
Water Well Contractor's License No. 692	by (signature)
under 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, Bureau of Water, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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