

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Shawnee</b>	<b>SE ¼ SE ¼ SE ¼</b>	<b>5</b>	<b>T 12 S</b>	<b>R 16 E</b>

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

**2061 SE California Ave – Topeka**

2 WATER WELL OWNER: **Chevron Environmental Management Company**  
 RR#, St. Address, Box # : **PO Box 430** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Bellaire, TX 77401** Application Number: \_\_\_\_\_

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <b>18.2</b> ft. ELEVATION: <b>963.31 (TOC)</b>
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL <b>16.76</b> ft. below TOC measured on <b>08/04/08</b>
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
	Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
	Bore Hole Diameter <b>8</b> in. to <b>18.2</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) **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 _____
<b>2 PVC</b>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		<b>Threaded Flush</b>

Blank casing diameter **2** in. to **5** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **Flush** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

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	<b>3 Mill slot</b>	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 **5** ft. to **18.2** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **4** ft. to **18.2** 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 **1** ft. to **4** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ 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	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? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1.5		Fill, silts, clays, gravel			
1.5	10		Clay, silty, yellow-red to brown-yellow, 2 inch thick limestone stringer at 9.5'			
10	18.2		Mudstone, with 1 to 2 inch thick limestone stringers, brown-yellow to gray			

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) **8/5/08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **08/25/08** under the business name of **Geotechnical 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.