

1 LOCATION OF WATER WELL: County: <b>Lyon</b>	Fraction <b>NE ¼ NE ¼ NE ¼</b>	Section Number <b>16</b>	Township Number <b>T 19 S</b>	Range Number <b>R 11</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span>
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Distance and direction from nearest town or city street address of well if located within city?

**Clothes Cleaners**

2 WATER WELL OWNER: <b>KDHE Drycleaning Release Trust fund</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <b>1000 SW Jackson</b>	Application Number: <b>CC MW-4</b>
City, State, ZIP Code: <b>Topeka, Ks 66612</b>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <b>45.5</b> ft. ELEVATION: <b>1145.00</b>
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL <b>33.96</b> ft. below land surface measured on mo/day/yr
	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>30.5</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) <input checked="" type="checkbox"/> 10 Monitoring well	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____	
Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>	

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 _____
<input checked="" type="checkbox"/> 2 PVC 4 ABS	7 Fiberglass	Threaded <input checked="" type="checkbox"/>
Blank casing diameter <b>2</b> in. to <b>30.5</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		
Casing height above land surface <b>0</b> in., weight <b>.716</b> lbs./ft. Wall thickness or gauge No. <b>.154</b>		
TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="checkbox"/> 7 PVC 10 Asbestos-cement		
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)	6 Concrete tile 9 ABS 12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:		
1 Continuous slot 3 Mill slot 5 Gauzed wrapped <input checked="" type="checkbox"/> 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 <b>30.5</b> ft. to <b>45.5</b> ft. From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From <b>27.0</b> ft. to <b>45.5</b> ft. From _____ ft. to _____ ft.		

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other
Grout Intervals From <b>0</b> ft. to <b>2</b> ft. From <b>2</b> ft. to <b>27</b> 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	<b>CONTAMINATED SITE</b>
Direction from well?		How many feet?		

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	25		fat clay, dk brown to red brown			
25	40		Lelan silty clay, dk brown to Green gray			
40	42		Lean to fat clay, green gray			
42	45.5		Gravel, chert, ang; ar. W/fine to Coarse sand			
45.5			Weathered shale, olive green			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>6-15-06</b> and this record is true to the best of my knowledge and belief. Kansas	
Water Well Contractor's License No. <b>554</b>	This Water Well Record was completed on (mo/day/yr) <b>9-1-06</b>
under the business name of <b>Woofter Pump &amp; Well Inc.</b>	by (signature) <i>Jan C. Wooker</i>

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.