

1 LOCATION OF WATER WELL: County: <u>Lyon</u>	Fraction <u>NE 1/4 SE 1/4 SW 1/4</u>	Section Number <u>10</u>	Township Number <u>T 19 S</u>	Range Number <u>R 11</u> <input checked="" type="radio"/> EW
Distance and direction from nearest town or city street address of well if located within city? <u>8th & Merchant-Southeast of intersection</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>N 38° 24' 26.3044</u> Longitude: <u>W 96° 10' 52.4209</u> Elevation: <u>1150.74</u> Datum: <u>nad83/navd88</u> Data Collection Method: <u>elevation survey</u>		

2 WATER WELL OWNER: KDHE, dry cleaner trust fund
RR#, St. Address, Box # : 1000 SW Jackson, Suite 410
City, State, ZIP Code : Topeka, KS 66612

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 80px; height: 80px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>--NW--</td><td>--NE--</td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td>--SW--</td><td>--SE--</td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> E S				--NW--	--NE--					--SW--	--SE--					4 DEPTH OF COMPLETED WELL <u>40.5</u> ft. Depth(s) Groundwater Encountered (1)..... <u>32</u> ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>28.5</u> ft. below land surface measured on mo/day/yr. <u>11/25/08</u> Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield.....gpm: Well water was.....ft. after..... hours pumping..... gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <input checked="" type="radio"/> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No ... <u>X</u>; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes No ... <u>X</u> ...
--NW--	--NE--															
--SW--	--SE--															

5 TYPE OF 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..... in. to3..... ft., Diameter in. to ft., Diameter in. toft.
Casing height above land surface.....0..... in., Weightlbs./ft. Wall thickness or gauge No.
TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless Steel 5 Fiberglass **7 PVC** 9 ABS 11 Other (Specify)
2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot **3 Mill slot** 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)
SCREEN-PERFORATED INTERVALS: From.....28..... ft. to40..... ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From.....24..... ft. to40..... 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: From0..... ft. to2..... ft., From2..... ft. to24..... ft., From ft. toft.
What is the nearest source of possible contamination:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well
Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Silty clay with pebbles & gravel, dark brown			
2	4	Clayey silt brown			
4	13	Clay, reddish brown			
13	15	Clay with gravel reddish brown			
15	19	Silty clay w/ few pebbles & gravel, reddish brown			
19	28	Clayey silt, light brown			
28	33	Sandy silt, light brown			
33	35	Silty clay, with chert gravel, yellowish gray			
35	40	Silt, with gravel, yellow			

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/year) .11/18/08.... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ...416..... This Water Well Record was completed on (mo/day/year) .12/22/08..... under the business name of Terracon by (signature) John L. Johnson

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline & circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.