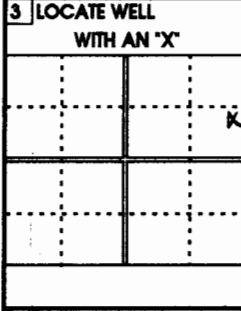


1 LOCATION OF WATER WELL: Fraction: NE 1/4 SE 1/4 NE 1/4 Section Number: 33 Township Number: 11 Range Number: 15 East
County: Shawnee

Distance and direction from the nearest town, or city street address of well, if in city?
841 SW Fairlawn Rd.

2 WATER WELL OWNER: EZ Shop, Inc. #10 WELL ID: MW1
Address, Box #: 841 SW Fairlawn Rd. Board of Agriculture, Division of Water Resources
City, State, Zip Code: Topeka, KS 66609 Application Number:



4 DEPTH WELL COMPLETED: 20' ft. ELEVATION: _____ (TOC)
Depth(s) Groundwater Encountered: _____
WELL'S STATIC WATER LEVEL: _____ feet below land surface measured on month/day/year _____
Pump test data: all water was _____ feet after _____ hours _____ gpm
Est. Yield _____ Well water was _____ feet after _____ hours _____ gpm
Bore Diam. _____ inches to _____ feet, and _____ hours _____ feet
WELL WATER TO BE USED AS: 5 PWS 8 air condition 11 injection
1 domestic 3 feedlot 6 oil field 9 dewatering 12 other (specify)
2 irrigation 4 industrial 7 lawn/garden **10 monitoring well**
Was a chemical / bacteriological sample submitted Department? yes _____ no **X**
If yes, month/day/year sample was submitted _____ Well Disinfected? yes _____ no **X**

5 TYPE OF BLANK CASING: 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile **CASING JOINTS:**
2 PVC 4 ABS 6 Asbestos-Cement 9 Other Glued _____ Welded _____
Clamped _____ Threaded **X**
Blank casing diameter 2 inches to 5 feet, Diam. _____ inches to _____ feet
Casing height above land surface 0 inches, weight _____ lbs./feet Wall thickness or gauge No. 40

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass **7 PVC** 10 Asbestos-cement
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)
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 10 Other (specify)
7 Torch cut
SCREEN INTERVALS: from: 5 feet to 20 feet from: _____ feet to _____ feet
from: _____ feet to _____ feet from: _____ feet to _____ feet
GRAVEL PACK INTERVALS: from: 14 feet to 20 feet from: _____ feet to _____ feet
from: _____ feet to _____ feet from: _____ feet to _____ feet

6 GROUT MATERIAL: 1 Neat cement _____ 2 Cement grout **X** 3 Bentonite **X**
Grout intervals: from 0 feet to 12 feet, from 12 feet to 14 feet

What is the nearest source of possible contamination:

Septic tank (1) _____ Seepage pit (6) _____ Fuel storage (11) **X**
Sewer lines (2) _____ Pit privy (7) _____ Fertilizer storage (12) _____
Watertight sewer lines (3) _____ Sewage lagoon (8) _____ Insecticide storage (13) _____
lateral lines (4) _____ Feedyard (9) _____ Abandoned water well (14) _____
Cess pool (5) _____ Livestock pens (10) _____ Oil/Gas well (15) _____
Other (specify) (16) _____
Direction from well? _____ How many feet (approximate)? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	0.5	Concrete			
0.5	20	Fill, gravel, sand, wet, water 5 feet			

WELL ID: **MW1**
WELL TAG: 00127363
VARIANCE BY: D. Taylor

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 (mth/day/yr) 5/18/95 and this record is true to the best of my knowledge and belief. Kansas Water
Well Contractor's License Number 527 This Water Well Record was completed on (mo/day/yr) 5/30/95
under the business name: GeoCore Services Inc. by (signature) Dan Roll

INSTRUCTIONS: use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three to Kansas Dept. of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: (913) 296-5545. Send one to Well Owner and retain one for your records.