

1 LOCATION OF WATER WELL: County: Shawnee	Fraction: NE 1/4 SE 1/4 NE 1/4	Section Number: 33	Township Number: 11	Range Number: 15 East
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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 Address, Box #: 841 SW Fairlawn Rd. City, State, Zip Code: Topeka, KS 66609	WELL ID: MW2 Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL WITH AN "X"	4 DEPTH WELL COMPLETED: 24' ft. ELEVATION: (TOC)								
<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									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? <u>yes</u> <u>no X</u> If yes, month/day/year sample was submitted _____ Well Disinfected? <u>yes</u> <u>no X</u>

5 TYPE OF BLANK CASING: 1 Steel <input type="checkbox"/> 2 PVC 3 RMP (SR) <input type="checkbox"/> 4 ABS <input type="checkbox"/> 5 Wrought Iron <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 9 Other <input type="checkbox"/>	CASING JOINTS: Glued _____ Welded _____ Clamped _____ Threaded <u>X</u>
Blank casing diameter <u>2</u> inches to <u>9</u> feet, Diam. _____ inches to _____ feet Casing height above land surface <u>0</u> inches, weight _____ lbs./foot Wall thickness or gauge No. <u>40</u>	

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel <input type="checkbox"/> 2 Brass <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 7 PVC <input checked="" type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) _____
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SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 3 3 MIL Slot <input checked="" type="checkbox"/> 4 Key punched <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify) _____ 11 None (open hole) <input type="checkbox"/>
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SCREEN INTERVALS: from: <u>9</u> feet to <u>24</u> feet from: _____ feet to _____ feet	GR. PACK INTERVALS: from: <u>9</u> feet to <u>24</u> feet from: _____ feet to _____ feet
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6 GROUT MATERIAL: Grout intervals: from <u>0</u> feet to <u>7</u> feet, from <u>7</u> feet to <u>9</u> feet	1 Neat cement <input type="checkbox"/> 2 Cement grout <u>X</u> 3 Bentonite <u>X</u>
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What is the nearest source of possible contamination:

Septic tank (1) _____	Seepage pit (6) _____	Fuel storage (11) <u>X</u>
Sewer lines (2) _____	Pit pily (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	15	Clay, gray to 1', brown-gray to 10', orange brown to 15', moist, iron staining throughout			
15	24	Shale, orange brown, thin sandstone stringers, moist, wet at 18'			

WELL ID: **MW2**
WELL TAG: **00127158**
VARIANCE BY: **D. Taylor**

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was: 1) constructed (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/dy/yr) 5/30/95 under the business name: **GeoCore Services Inc.** by (signature) *Dale Kolb*

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 Depart. of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: (913) 296-5545. Send one to Well Owner and retain one for you.