

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?
Center of alley between Electrolux and vaccant shop, about 10' S from NW corner of Electrolux

2 WATER WELL OWNER: EZ Shop, Inc. #10 Address, Box #: 841 SW Fairlawn Rd. City, State, Zip Code: Topeka, KS 66609	WELL ID: MW6 Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL WITH AN "X"	4 DEPTH WELL COMPLETED: <u>20'</u> ft.	ELEVATION: _____ (TOC)
<div style="border: 1px dashed black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: auto;">X</div>	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:				5 Wrought Iron		8 Concrete tile		CASING JOINTS:	
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other		Glued _____ Welded _____	
2 PVC		4 ABS		7 Fiberglass				Clamped _____ Threaded X	
Blank casing diameter <u>2</u> inches to _____ 5 feet, Diam. _____ inches to _____ feet		Casing height above land surface <u>0</u> nches, weight _____ lbs./feet		Wall thickness or gauge No. <u>40</u>					

TYPE OF SCREEN OR PERFORATION MATERIAL:				5 Fiberglass		7 PVC		10 Asbestos-cement	
1 Steel		3 Stainless steel		6 Concrete tile		8 RMP (SR)		11 Other (specify)	
2 Brass		4 Galvanized steel							

SCREEN OR PERFORATION OPENINGS ARE:				5 Gauzed wrapped		8 Saw cut		11 None (open hole)	
1 Continuous slot		3 1/8" slot		6 Wire wrapped		9 Drilled holes			
2 Louvered shutter		4 Key punched		7 Torch cut		10 Other (specify)			
SCREEN INTERVALS: from: <u>5</u> feet to <u>20</u> feet from: _____ feet to _____ feet									
from: _____ feet to _____ feet from: _____ feet to _____ feet									
GR. PACK INTERVALS: from: <u>3</u> feet to <u>20</u> 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 <u>0</u> feet to <u>1</u> feet,		from <u>1</u> feet to _____ feet		from _____ feet to _____ 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	7	Clay, silt, medium brown, rust, and gray mottling, moist			
7	12	Clay, medium silt, medium orange, brown, gray and rust mottles, moist			
12	20	Shale, medium orange, brown, platy, moist			
WELL ID: MW6 WELL TAG: 00127165 VARIANCE BY: NA					

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was: <u>1) constructed</u> , 2) reconstructed, or 3) plugged under my jurisdiction and was completed on (mth/day/yr) <u>5/24/95</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License Number <u>527</u> . This Water Well Record was completed on (mo/dy/yr) <u>5/30/95</u> under the business name: <u>GeoCore Services Inc.</u> by (signature) <u>Dale Roll</u>					
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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 y