

<b>1 LOCATION OF WATER WELL:</b> County: <u>Shawnee</u>	<b>Fraction:</b> <u>NE 1/4 SE 1/4 NE 1/4</u>	<b>Section Number:</b> <u>33</u>	<b>Township Number:</b> <u>11</u>	<b>Range Number:</b> <u>15 East</u>
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Distance and direction from the nearest town, or city street address of well, if in city?  
841 SW Fairlawn Rd.

<b>2 WATER WELL OWNER:</b> <u>EZ Shop, Inc. #10</u> Address, Box #: <u>841 SW Fairlawn Rd.</u> City, State, Zip Code: <u>Topeka, KS 66609</u>	<b>WELL ID:</b> <u>MW5</u> Board of Agriculture, Division of Water Resources Application Number: _____
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<b>3 LOCATE WELL WITH AN 'X'</b>	<b>4 DEPTH WELL COMPLETED:</b> _____ <u>20'</u> ft.	<b>ELEVATION:</b> _____	<b>(TOC)</b>	<b>Depth(s) Groundwater Encountered:</b> _____
	<b>WELL'S STATIC WATER LEVEL:</b> _____	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			
	<b>WELL WATER TO BE USED AS:</b>	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	<b>10 monitoring well</b>		
	Was a chemical / bacteriological sample submitted Department? _____	yes _____	no <b>X</b> _____	
	If yes, month/day/year sample was submitted _____	Well Disinfected? _____	yes _____	no <b>X</b> _____

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

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless steel	5 Fiberglass	<b>7 PVC</b>	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	<b>3 Mini Slot</b>	5 Gauzed wrapped	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 INTERVALS:** from: 5 feet to 20 feet from: \_\_\_\_\_ feet to \_\_\_\_\_ feet

from: \_\_\_\_\_ feet to \_\_\_\_\_ feet from: \_\_\_\_\_ feet to \_\_\_\_\_ feet

**GR. PACK INTERVALS:** from: 3 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 1 feet, from 1 feet to 3 feet

What is the nearest source of possible contamination:

Septic tank (1) _____	Seepage pit (6) _____	Fuel storage (11) <b>X</b>
Sewer lines (2) _____	Pit pivy (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, stiff, medium brown with black, gray, and rust mottles, moist			
7	12	Clay, increase in silt, orange, brown, gray, and rust mottles			
12	20	Shale, orange, brown, slight mottling, platy, moist			

WELL ID: MW5  
WELL TAG: CO12712  
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) 5/24/95 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 Holt

**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