

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**

Distance and direction from the nearest town, or city street address of well, if in city?  
**Women's Club, about 115' S and 50' W of SW corner of Women's Club building**

2 WATER WELL OWNER: **EZ Shop, Inc. #10** WELL ID: **MW8**  
 Address, Box #: **841 SW Fairlawn Rd.** Board of Agriculture, Division of Water Resources  
 City, State, Zip Code: **Topeka, KS 66609** Application Number: \_\_\_\_\_

3 LOCATE WELL WITH AN "X"

4 DEPTH WELL COMPLETED: **10.5** 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 \_\_\_\_\_  
 Blank casing diameter **2** inches to **0.5** feet, Diam. \_\_\_\_\_ inches to \_\_\_\_\_ feet Clamped \_\_\_\_\_ Threaded **X**  
 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 \_\_\_\_\_  
 7 Torch cut \_\_\_\_\_ 10 Other (specify) \_\_\_\_\_  
 SCREEN INTERVALS: from: **0.5** feet to **10.5** feet from: \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 from: \_\_\_\_\_ feet to \_\_\_\_\_ feet from: \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 GR. PACK INTERVALS: from: **0.5** feet to **10.5** 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 **0.3** feet, from **0.3** feet to **0.5** feet  
 What is the nearest source of possible contamination:  
 Septic tank (1) \_\_\_\_\_ Seepage pit (6) \_\_\_\_\_ Fuel storage (11) **X**  
 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	Asphalt			
0.5	7	Clay, silt, dark brown with rust and gray mottles, damp			
7	10	Clay, silt, increasing dark orange, brown, rust, and gray mottles, wet-saturated			
10.5	10.5	Shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was:  constructed,  reconstructed, or  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** **5/31/95** under the business name: **GeoCore Services Inc.** by (signature) *Paul Polk*

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.