

1 LOCATION OF WATER WELL: County: **Shawnee** Fraction: **NE 1/4 NE 1/4 SW 1/4** Section Number: **32** Township Number: **11** Range Number: **16 East**

Distance and direction from the nearest town, or city street address of well, if in city?

65' S and 50' E of SE corner of dispatch office

2 WATER WELL OWNER: **Whelan's, Inc.** WELL ID: **MW6**
 Address, Box #: **715 SE 4th Street** Board of Agriculture, Division of Water Resources
 City, State, Zip Code: **Topeka, KS 66601** Application Number:

3 LOCATE WELL WITH AN "X"

| | |
|--|---|
| | 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 _____ |
| | | 7 Fiberglass | | Clamped _____ Threaded X |

Blank casing diameter **2** inches to **10** feet, Diam. _____ inches to _____ feet
 Casing height above land surface **0** nches, 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: **10** feet to **20** feet from: _____ feet to _____ feet
 from: _____ feet to _____ feet from: _____ feet to _____ feet

GR. PACK INTERVALS: from: **8** 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 **6** feet, from **6** feet to **8** 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 | 7 | Clay, silt, light brown, moist | | | |
| 7 | 12 | Clay, brown, moist | | | |
| 12 | 20 | Clay, brown, moist, wet at about 17' | | | |
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| | | | | | |

WELL ID: **MW6**
 WELL TAG: _____
 VARIANCE BY: **NA**

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) **4/21/95** 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) **6/1/95** under the business name: **GeoCore Services Inc.** by (signature) *Bob Hall*

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 your records.