

1	LOCATION OF WATER WELL: County: SHAWNEE	Fraction NE 1/4 NE 1/4 NW 1/4	Section Number 20	Township Number 11	Range Number 16 E
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Distance and direction from nearest town or city street address of well if located within city?
SE Intersection of Topeka Blvd and Lyman Rd

2	WATER WELL OWNER: RESOLUTION TRUST CORP	RR#, St. Address, Box #: 4900 MAIN ST SU 200	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code: KCMO 64112	Application Number:	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N																				
<table border="1"> <tr> <td></td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">N</td> <td style="text-align: center;">W</td> <td style="text-align: center;">E</td> <td></td> </tr> <tr> <td style="text-align: center;">W</td> <td></td> <td></td> <td style="text-align: center;">E</td> </tr> <tr> <td></td> <td style="text-align: center;">S</td> <td style="text-align: center;">W</td> <td style="text-align: center;">E</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>			X			N	W	E		W			E		S	W	E				
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W			E																		
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4	DEPTH OF WELL..... 30'ft.												
	WELL'S STATIC WATER LEVEL..... 18'ft.												
	WELL WAS USED AS:												
	<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="radio"/> 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="radio"/> 10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
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	Was a chemical/bacteriological sample submitted to Department? Yes... <input checked="" type="radio"/> No... If yes, mo/day/yr sample was submitted.....												
	Water Well Disinfected: Yes..... <input checked="" type="radio"/> No.....												

5	TYPE OF BLANK CASING USED:										
	<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td><input checked="" type="radio"/> 2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td>THREADED</td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	<input checked="" type="radio"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	THREADED
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	Blank casing diameter..... 2in. Was casing pulled? Yes... <input checked="" type="checkbox"/> No..... If yes, how much... 30'										
	Casing height above or below land surface..... 3' Below.....in.										

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other..... CAIP																				
	Grout Plug Intervals: From... 0 ...ft. to... 0 ...ft., From... 0 ...ft. to 30' ...ft., From..... to.....ft.																				
	What is the nearest source of possible contamination:																				
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	Direction from well? How many feet?																				

FROM	TO	PLUGGING MATERIALS
0	20	BRN SILTY CLAY
20	30	TAN SAND
		MWS

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... 12-28-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 568 This Water Well Record was completed on (mo/day/year)..... 12-28-94 under the business name of MAX'S ENTERPRISES by (signature)
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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 copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.