

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 Application Number:
		City, State, ZIP Code: KCMD 64112	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

	X		
N	W	N	E
W			E
S	W	S	E
	S		

4 DEPTH OF WELL.....**30'**.....ft.
 WELL'S STATIC WATER LEVEL.....**18'**.....ft.

WELL WAS USED AS:

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.....

Was a chemical/bacteriological sample submitted to Department? Yes... No...
 If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes..... No.....

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter.....**2"**.....in. Was casing pulled? Yes..... No... If yes, how much.....
 Casing height above or below land surface.....**3" BELOW**.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other...**Chip**.....

Grout Plug Intervals: From...**8'**...ft. to...**16'**...ft., From...**0**...ft. to...**30'**...ft., From..... to.....ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	<input checked="" type="radio"/> 11 Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? How many feet?

FROM	TO	PLUGGING MATERIALS
0	20	BEN SILTY CLAY
20	30	TAN SAND
		MW 4

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) *David Hunter*

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.