1 LOCATION OF WATER WELL:	Fraction:	Section Number:	Township Number:	Range Number:
County: Shawnee	SW 1/4 SW 1/4 NE 1/4	11	12	15 East

Distance and direction from the nearest town, or city street address of well, if in city?
50' S and 40' E of maintenance building

2 **WATER WELL OWNER:** Kansas Neurological Institute
Address, Box #: 3107 West 21st Street
City, State, Zip Code: Topeka, KS 66604

WELL ID: MW2
Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL WITH AN "X"

4 DEPTH WELL COMPLETED: 15 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: 1 domestic 2 irrigation 3 feedlot 4 industrial 5 PWS 6 oil field 7 lawn/garden 8 air condition 9 dewatering **10 monitoring well** 11 injection 12 other (specify)

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 **2 PVC** 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other

CASING JOINTS: Glued _____ Welded _____ Clamped _____ Threaded X

Blank casing diameter 2 inches to 5 feet, Diam. _____ inches to _____ feet
Casing height above land surface 0 inches, weight _____ lbs./feet Wall thickness or gauge No. 40

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile **7 PVC** 8 RMP (SR) 10 Asbestos-cement 11 Other (specify)

SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot 2 Louvered shutter **3 Mill Slot** 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)

SCREEN INTERVALS:	from: 5 feet to 15 feet	from: _____ feet to _____ feet		
	from: _____ feet to _____ feet	from: _____ feet to _____ feet		
GR. PACK INTERVALS:	from: 3 feet to 15 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)	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 (specifty) (16)	

Direction from well? _____ How many feet (approximate)? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	7'	6" gravel, fill, dark brown clay, very silty, dry to moist			
7'	15'	Clay, silt, brown with gray and rust mottles, saturated at 10'			

WELL ID: MW2
WELL TAG: 00132655
VARIANCE BY: D. Taylor

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was : 1) constructed, 2)reconstructed, or 3)plugge under my jurisdication and was completed on (mth/day/yr) 4/26/95 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 5/31/95 under the business name: GeoCore Services Inc. by (signature) [signature]

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 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