1 LOCATION OF WATER WELL:		1				Number: Township Number							
	Shawnee	4la	SW 1/4	SW 1/4			1	1	12		15 Eq.	51	
		om the neares	t town, or city s	street addre	ess of well, if in	city?							
3107 West 21													
2 WATER WELL OWNER: Kansas Neurological Institute								WELL ID: MW5					
	A	ddress, Box #:	3107 West 21st Street					Board of Agricu	ulture, Division o	f Water Resc	ources		
City, State, Zip Code:							Application Nu						
3 LOCATE W			WELL COMPLE		15			ft.	ELEVATION:		(TOC)		
WITH			roundwater Er								1		
, , , ,	,	4 ' '			-			foot bolovi lan	d a	rad on man	th /day/hoar		
'	'		/ELL'S STATIC W				~#^-	feet below land		area on mor			
	'		np test data: ə			feet			hours		gpm		
		Est. Yield		ll water wa	s	feet			hours		gpm		
	X	Bore Diam.		inches to		feet,	and		hours		feet		
	;	WELL WATER 1	TO BE USED AS:		5 PWS			8 air condition		11 injection			
L L	'	.	1 domestic 3 feedlot			6 oil field		(O) mentioning well		12 other (sp	12 other (specify)		
			2 irrigation 4	industrial	7 lawn/garden								
			nical / bacteriological sample submitte				ment?	yes		no X			
		If yes,	month/day/ye	ar sample v	vas submitted			Well Disinfected?		yes		no X	
5 705 05 1					F \4/			0.00		CASING JOI	LITC.		
5 TYPE OF E	BLANK CASIN		0 DL 4D (0D)		5 Wrought In			8 Concrete tile		CASING JOI			
	1 Steel	3	3 RMP (SR)		6 Asbestos-C			9 Other	Glued		Welded		
	2 PVC		4 ABS		7 Fiberglass				Clamped		_ Threaded	X	
Riank ca	sing diameter	r <b>2</b>	inches to	5	feet, Diam.			inches to		feet			
		land surface			nches, weigh				lbs./feet Wall		aauae No	40	
Cusing	isigili above	J IGI IG SUITGE			101133, WOIGH				iwi/1001 Wall		anda 110.		
TYPE OF SCRE	EEN OR PERFO	DRATION MATE	RIAL:										
	1 Steel		3 Stainless stee	əl	5 Fiberglass			7 PVC		10 Asbestos	s-cement		
	2 Brass		4 Galvanized		6 Concrete	tilo		8 RMP (SR)		11 Other (s			
	2 DIUSS		4 Galvanizea	21001	o Conciele	IIIO		O RIVIP (SR)		II Ollier (s	pecily)		
SCREEN OR D	EDECIDANATIO	N OPENINGS	ADE.										
CALLIN OR P			3 Mill Slot		F Coursed	rannad		8 Saw cut		11 None /-	non holo)		
Ì	1 Continuou				5 Gauzed wrapped					11 None (open hole)			
2 Louvered shutter			4 Key punche	∍d	6 Wire wrap	ped		9 Drilled holes					
					7 Torch cut			10 Other (spec	city)				
SC DEE	N INTERVALS:	from:	5	feet to	15	feet	from:		feet to		feet		
JOREE	it litter val.			feet to		feet	from:		feet to		- feet		
		from:		1001 10		- 1001	HOITI.		1001		_1661		
GR. PAC	K INTERVALS:	from:	4	feet to	20	feet	from:		feet to		_feet		
		from:		feet to		feet	from:		feet to		feet		
4 00015	AATEN AT		Name care		^	Ca===	t a			2 Donto-H-			
	MATERIAL:		Neat cement_			Cemen	_		f	3 Bentonite			
	rout Intervals:			feet to	3	_ feet,	from	3	feet to	4	_feet		
What is the n	earest source	e of possible c	ontamination:										
	Se	eptic tank (1)			Se	epage	pit (6)			Fuel	storage (11)	X	
Sewer lines (2)						Pit pivy (7)			Fertilize		storage (12)		
								Insecticide storage (1					
		ewer lines (3)		Sewage lagoon (8									
		ateral lines (4)							Abandoned water well (14)				
		Cess pool (5)			Livest	tock per	ns (10)			Oil/	Gas well (15)_		
l										Other	(specifty) (16)		
Direction	on from well?	?		Hov	w many feet (d	approxin	nate)?				. ,,,,,_		
FROM	TO		LITHOLOG	IC LOG		FRC	ОМ	TO		LITHOLOG	SIC FOE		
0	7'	Clay silt hm	wn to dark bro										
						L		<u>.                                    </u>					
7'	12'	Clay, grading	g to sitty sand,	clay, gray v	with iron stainir	ng, mott	ies, mo	ist					
12'	20'	Clay, grading	g to sitty sand,	ckay, grav v	with iron stainir	ng, mott	les, mo	ist					
		7, 3,		,, g/		1		· · · · · · · · · · · · · · · · · · ·			.,	<del></del>	
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						<u>L</u>							
									WELL ID: MW5				
						ļ			WELL TAG: <u>00132594</u>				
									V	ARIANCE BY	: NA		
						1					-		
						<b>_</b>							
7	CONTRAC	CTOR'S OR LAN	NDOWNER'S CE	RTIFICATIO	N: This water v	well was	S ;	1)constructed	2)reconstructed	or 3)plugged	under my juris	dication	
and was acr		mth/day/yr)	4/27/95					manufacture of the second of t			belief. Kansas V		
1	•				T1 1 141 1 11	_				•	Deliei. Kansas V	VUIÐI	
Well Controx	ctor's License	Number	527		<u>.</u> This Water W	ell Reco	ord wa	s completed on	(mo/dy/yr)	5/31/95			
under the bu	usiness name	: GeoCore Se	rvices Inc.			by (sig	nature)	) LA	ex Kold				
l				17-811									

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 control 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