MW-3

WATER WELL RECORD Form WWC-5 KSA 82a-1212

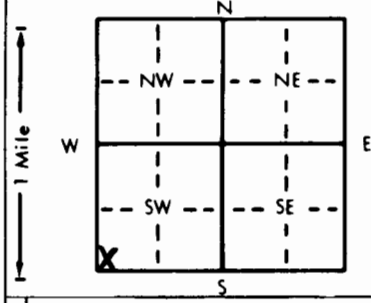
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Shawnee	SW ¼ SW ¼ SW ¼	28	T 12 S	R 15 (E)/W

Distance and direction from nearest town or city street address of well if located within city?
5928 SW 53rd, Topeka, Kansas

2 WATER WELL OWNER:
RR#, St. Address, Box # Auburn Washburn C/O Dennis Johnson
City, State, ZIP Code 5926 SW 53rd, Topeka, Ks 66610

Board of Agriculture, Division of Water Resources
Application Number: _____

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



4 DEPTH OF COMPLETED WELL 20 ft. ELEVATION: _____
Depth(s) Groundwater Encountered 1. 14.8 ft. 2. ____ ft. 3. ____ ft.
WELL'S STATIC WATER LEVEL 10.32 ft. below land surface measured on mo/day/yr 3-26-97
Pump test data: Well water was ____ ft. after ____ hours pumping ____ gpm
Est. Yield ____ gpm: Well water was ____ ft. after ____ hours pumping ____ gpm
Bore Hole Diameter 8.625 in. to 20 ft., and ____ in. to ____ ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden only (10) Monitoring well MW-3
Was a chemical/bacteriological sample submitted to Department? Yes ____ No X; If yes, mo/day/yr sample was submitted ____ Water Well Disinfected? Yes ____ No X

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ____ Clamped ____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded ____
(2) PVC 4 ABS 7 Fiberglass ____ Threaded X
Blank casing diameter 2 in. to 10 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface 24 in., weight SCH 40 (7) PVC lbs./ft. Wall thickness or gauge No. ____
TYPE OF SCREEN OR PERFORATION MATERIAL: 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) ____
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot (3) Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)
SCREEN-PERFORATED INTERVALS: From 10 ft. to 20 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.
SAND GRAVEL PACK INTERVALS: From ____ ft. to 20 ft., From ____ ft. to ____ ft.
From 8 ft. to ____ ft., From ____ ft. to ____ ft.

6 GROUT MATERIAL: 1 Neat cement (2) Cement grout (3) Bentonite 4 Other ____
Grout Intervals: From 0 ft. to 6 ft., From 6 ft. to 8 ft., From ____ ft. to ____ ft.
What is the nearest source of possible contamination: 10 Livestock pens ~~14~~ Abandoned ~~water~~ well
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage (16) Other (specify below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
Direction from well? How many feet? Contaminated Si

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
GL	8.00	Fill, gravel			
8.00	13.00	Silty Clay (Cl)			
13.00	20.00	Shale, tan, weathered, soft			
20.00	TD	End of Borehole			
					Flush Mount
					waiver
					D. Taylor 12/27/96

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 (mo/day/year) 3-19-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585 This Water Well Record was completed on (mo/day/yr) 3-26-97 under the business name of ACI by (signature) D Johnson for Dayna Hinen

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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼