MW-8

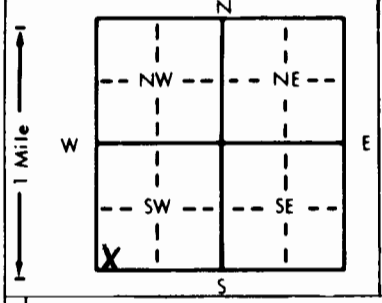
WATER WELL RECORD Form WWC-5 KSA 82a-1212

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 20.5 ft. ELEVATION: _____
Depth(s) Groundwater Encountered 1. unknown ft. 2. ____ ft. 3. ____ ft.
WELL'S STATIC WATER LEVEL 8.36 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 20.5 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-8
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 10.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface 0 in., weight SCH 40 PVC lbs./ft. Wall thickness or gauge No. _____
TYPE OF SCREEN OR PERFORATION MATERIAL: (7) PVC 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 10.5 ft. to 20.5 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.
SMD GRAVEL PACK INTERVALS: From 9.5 ft. to 20.5 ft., From ____ ft. to ____ ft.
From ____ 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 7.5 ft., From 7.5 ft. to 9.5 ft., From ____ ft. to ____ ft.
What is the nearest source of possible contamination:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage (16) Other (specify below)
13 Insecticide storage
Direction from well? How many feet? Contaminated Si

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
GL	1.00	Gravel			
1.00	6.00	Silty Clay (CH)			
6.00	20.50	Shale, weathered			
20.50	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) 3-17-97 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) 3-17-97 under the business name of ACI by (signature) D Johnson for Dennis Johnson

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