

1 LOCATION OF WATER WELL: Fraction: Section Number: Township Number: Range Number:
 County: **Shawnee** SW 1/4 SW 1/4 NW 1/4 5 12 16 East

Distance and direction from the nearest town, or city street address of well, if in city?
2231 SW Wanamaker

2 WATER WELL OWNER: **Jim Taylor** WELL ID: **MW3**
 Address, Box #: **323 E. 13th** Board of Agriculture, Division of Water Resources
 City, State, Zip Code: **Topeka, KS 66612** Application Number:

3 LOCATE WELL WITH AN "X"
 X

4 DEPTH WELL COMPLETED: **25'** 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: 5 PWS 8 air condition 11 injection
 1 domestic 3 feedlot 6 oil field 9 dewatering 12 other (specify)
 2 irrigation 4 industrial 7 lawn/garden **10 monitoring well**
 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 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS:
2 PVC 4 ABS 7 Fiberglass 9 Other Glued _____ Welded _____
 Clamped _____ Threaded **X**
 Blank casing diameter **2** inches to **15** 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 3 Stainless steel 5 Fiberglass **7 PVC** 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot **3 Mill Slot** 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify)
 SCREEN INTERVALS: from: **15** feet to **25** feet from: _____ feet to _____ feet
 from: _____ feet to _____ feet from: _____ feet to _____ feet
 GR. PACK INTERVALS: from: **13** feet to **25** 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 **11** feet, from **11** feet to **13** 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 (specify) (16) _____
 Direction from well? _____ How many feet (approximate)? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5'	12" fill, clay, black to dark brown			
5'	10'	Clay, very silty, dark brown, rust mottles			
10'	15'	Clay, very silty, dark brown, damp			
15'	25'	Clay, very silty, dark brown, saturated			

WELL ID: **MW3**
 WELL TAG #: **0013-2501**
 VARIANCE BY: **D. Taylor**

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 (mth/day/yr) **4/18/95** 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) **6/1/95**
 under the business name: **GeoCore Services Inc.** by (signature) *D. Taylor*

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