

1 LOCATION OF WATER WELL: County: <u>Shawnee</u>	Fraction: <u>NW 1/4 SW 1/4 SE 1/4</u>	Section Number: <u>6</u>	Township Number: <u>12</u>	Range Number: <u>16 East</u>
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Distance and direction from the nearest town, or city street address of well, if in city?

About 55' SW of MW1

2 WATER WELL OWNER: <u>Bob Florence, Contractor, Inc.</u>	WELL ID: <u>MW2</u>
Address, Box #: <u>105 East 20th St</u>	Board of Agriculture, Division of Water Resources
City, State, Zip Code: <u>Topeka, KS 66605</u>	Application Number:

3 LOCATE WELL WITH AN "X"	4 DEPTH WELL COMPLETED: <u>25'</u> ft.	ELEVATION: _____ (TOC)						
<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							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						
1 domestic 3 feedlot 6 oil field	9 dewatering	11 injection						
2 irrigation 4 industrial 7 lawn/garden	10 monitoring well	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:	5 Wrought Iron	8 Concrete tile	CASING JOINTS:
1 Steel	6 Asbestos-Cement	9 Other	Glued _____ Welded _____
2 PVC	7 Fiberglass		Clamped _____ Threaded X
3 RMP (SR)	4 ABS		
Blank casing diameter <u>2</u> inches to <u>15'</u> feet, Diam. _____ inches to _____ feet			lbs./feet Wall thickness or gauge No. <u>40</u>
Casing height above land surface <u>0</u> inches, weight _____			

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

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 INTERVALS:	from: <u>15</u> feet to <u>25</u> feet	from: _____ feet to _____ feet	from: _____ feet to _____ feet
GR. PACK INTERVALS:	from: <u>13</u> feet to <u>25</u> 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 <u>0</u> feet to <u>11</u> feet,	from <u>11</u> feet	to <u>13</u> 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	7	Fill, clay, very silty, dark brown to black/gray, 6 inches sand at 3 feet deep, moist			
7	12	Clay, very silty, dark brown to gray, very moist			
12	25	Clay, very silty, dark brown to gray/black, wet, saturated at 15 feet			

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was :	<u>1) constructed,</u> (reconstructed, or 3) plugged under my jurisdiction
and was completed on (mth/day/yr) : <u>4/24/95</u>	and this record is true to the best of my knowledge and belief. Kansas Water
Well Contractor's License Number <u>527</u>	This Water Well Record was completed on (mo/dy/yr) <u>5/30/95</u>
Under the business name: <u>GeoCore Services Inc.</u>	by (signature) <i>Bob Florence</i>
	WELL ID: <u>MW2</u>
	WELL TAG: _____
	VARIANCE BY: _____

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 to 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