WATER W				rm WWC-5			Division of Water		ľ	*** ** **	MW23		
				Ÿ			rces App. No.			Well ID			
1 LOCATION OF WATER WELL: County: POTTAWATOMIE			Fraction SE ¹ / ₄ SE ¹ / ₄ SE ¹ / ₅			ion Number 4	T	ip Number 10 S	R 10	nge Number 0 ■ E □ W			
2 WELL OV		st Name:		First:		Street or Rural Address where well is located (if unknown, distance							
Business: K Address: 1		direction from nearest town or intersection): If at owner's address, check here:											
Address:			600			00 LINCOLN ST							
	OPEKA	r 	State: KS ZIP: 66612 WA				AMEGO, KS						
3 LOCATE V		4 DEPTH	4 DEPTH OF COMPLETED WELL:				ft. 5 Latitude: 39.20343 (decimal degrees)						
WITH "X" SECTION		Depth(s) Groundwater Encountered: 1)36.				Longitude: 96.30449 (decimal degrees)							
SECTION I	JOA.	2) ft. 3) ft., or 4) Dry Well					Horizontal Datum: ☐ WGS 84 ■ NAD 83 ☐ NAD 27						
		WELL'S STATIC WATER LEVEL: ft.					Source for Latitude/Longitude:						
	'	below land surface, measured on (mo-day-yr)					☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)						
NW	NE	Pump test data: Well water was ft.					Land Survey Topographic Map						
w 	E	after hours pumping gpm					Online Mapper:						
sw	,	Well water was ft.											
3w	1	after hours pumping gpm				6 Elevation: 891.96ft. ☐ Ground Level ■ TOC							
S	LX	Estimated Yield:gpm Bore Hole Diameter:8.5 in. to45											
1 mile	l	in. to					ı ——		-				
				m. w	16.		1						
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID													
☐ Househole	d		ng: how many wells?			11. Test Hole: well ID							
				echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical						
· —									12. Geothermal: how many bores?				
2. Irrigation					al Remediation: well ID			a) Closed Loop Horizontal Vertical					
3. Feedlot Air Sparge							b) Open Loop Surface Discharge Inj. of Water						
4. Industrial Recovery Injection 13. Other (specify):													
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:													
Water well disinfected? ☐ Yes ■ No 8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other													
8 TYPE OF CASING USED: Steel PVC Other													
Casing height above land surface													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)													
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)													
SCREEN OR PERFORATION OPENINGS ARE:													
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)													
							one (Open Ho		_				
SCREEN-PE	REORATE	DINTERV	ALS: From	n .30 ft. to .45	ft., F	rom	ft. to .	ft.,	From	ft. to) tt.		
GRA	VEL PAC	KINTERV	ALS: From	n 28 ft. to 4	2 ft., F	rom	ft. to		From	ft. to) ft.		
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Concrete Surface Completion 0 - 1													
Grout Intervals: From													
Septic Tank													
☐ Sewer Lin			Cess Pool	☐ Sewage I		_	Fuel Storage		☐ Abandon				
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well													
Other (Specify) Direction from well? SOUTHWEST Distance from well? 35 ft.													
										T LICON	IC DITERMATO		
10 FROM 0 .5	TO		LITHOLO	GIC FOR	FRO)M	TO I	11HO, LOC	(cont.) or l	<u>LUGGIN</u>	NG INTERVALS		
0 .5		SPHALT (-						·		
36 45		Silty Clay (C SAND, DAF											
48	, 0	MIND, DAR	YIV DIVOAA	Ĭ.A	-								
 													
			· · · · · · · · · · · · · · · · · · ·		+	+							
 				· • ·	Note	·s:	1						
		110665											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged													
under my jurisdiction and was completed on (mo-day-year) 4/28/22 and this record is true to the best of my knowledge and belief.													
Kansas Water Well Contractor's License No. 585													
under the bus	iness name	of ASSOC	lated Envi	ronmentallnc	7	Sig	gnature	- Drag	16 /	Land	Castion		
under the business name of Associated Environmental, Inc. Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Furgar & Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.													
Visit us at http://	w Jackson St	, Suite 420, 1	opeka, Kansas Mindev html	00012-130/. IVIAII one	to water w	ะแ Own 2a-121	ti and retain one	. tor your reco	ada. Telebilo	Revise	d 7/10/2015		
vioit us at IIII).//	·· vi vi.nuiickS	BUT WALLI WEI	U HILLY A HILLI		120/10	14	<u> </u>						

