

<b>1 LOCATION OF WATER WELL:</b>			Fraction	Section Number		Township Number	Range Number
County: <b>Pottawatomie</b>	<b>NE ¼ NW ¼ SW ¼</b>	<b>10</b>	<b>T 10 S R 12 E</b>				
Distance and direction from nearest town or city street address of well if located within city? <b>411 Bertrand Ave, St. Mary's, KS 66536</b>				<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)			
				Latitude: <b>N 39.19355</b>			
				Longitude: <b>W 96.06898</b>			
				Elevation: <b>952.43 RIM, 951.96 TOC</b>			
				Datum: <b>WGS 84</b>			
				Data Collection Method: <b>legal survey</b>			
<b>2 WATER WELL OWNER: KDHE (Bernies Self Service)</b>							
RR#, St. Address, Box # : <b>1000 SW Jackson</b>							
City, State, ZIP Code : <b>Topeka, KS, 66612</b>							
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL 36 ft.</b>					
		<b>AS7</b>					
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.					
		WELL'S STATIC WATER LEVEL <b>21.5</b> ft. below land surface measured on mo/day/yr <b>3/9/10</b>					
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm					
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm					
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well					
		1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
		2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well <b>Air Sparge</b>					
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yrs Sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>					
<b>5 TYPE OF CASING USED:</b>				<b>CASING JOINTS:</b> Glued _____ Clamped _____			
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____							
<b>(2) PVC</b> 4 ABS 7 Fiberglass Threaded _____ <b>X</b>							
Blank casing diameter _____ 2 in. to _____ 36 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Casing height below land surface _____ ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____							
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>							
1 Steel 3 Stainless steel 5 Fiberglass <b>(7) PVC</b> 9 ABS 11 Other (specify) _____							
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)							
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>							
1 Continuous slot <b>(3) Mill slot</b> 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)							
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____							
<b>SCREEN-PERFORATED INTERVALS:</b> From _____ 32.5 ft. to _____ 35 ft. From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From _____ 30 ft. to _____ 36 ft. From _____ ft. to _____ ft.							
<b>6 GROUT MATERIAL:</b> 1 Neat cement <b>(2) Bentonite</b> <b>(3) Coated Bentonite</b> <b>(4) Other Soil: 0-4 ft</b>							
Grout Intervals From _____ 4 ft. to _____ 26 ft. From _____ 26 ft. to _____ 30 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 13 Insecticide Storage 16 Other (specify below)							
2 Sewer lines 5 Cess pool 8 Sewage lagoon <b>(11) Fuel storage</b> 14 Abandoned water well							
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well							
Direction from well? <b>W</b> How many feet? <b>~1 ft</b>							
<b>FROM</b>		<b>TO</b>		<b>LITHOLOGIC LOG</b>			
<b>0</b>		<b>0.3</b>		<b>Concrete</b>			
<b>0.3</b>		<b>4</b>		<b>Black sand, fill mixed with clay</b>			
<b>4</b>		<b>8</b>		<b>Black clay with silt and trace fill sand, stiff</b>			
<b>8</b>		<b>12</b>		<b>Clay with silt, stiff</b>			
<b>12</b>		<b>20</b>		<b>Gray silt with very fine to fine sand</b>			
<b>20</b>		<b>36</b>		<b>Gray very fine to fine sand</b>			
				<b>Flushmount waiver from BOW</b>			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>(1)</b> constructed, <b>(2)</b> reconstructed, or <b>(3)</b> plugged under my jurisdiction and was completed on (mo/day/year) <b>3/2/10</b> and this record is true to the best of my knowledge and belief.							
Kansas Water Well Contractor's License No. <b>757</b> . This Water Well Record was completed on (mo/day/year) <b>3/25/10</b>							
under the business name of <b>Larsen &amp; Associates, Inc.</b> by (signature) _____							
<b>INSTRUCTIONS:</b> Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.							