| WATER WELL R | | WWC-5 | | ision of Water | | Well ID BSW - 14A | | |
|---|---|------------------------------------|--|--|--|----------------------|--|--|
| Original Record | | ge in Well Use Fraction | | ources App. No. | Township Numb | | | |
| 1 LOCATION OF WATER WELL: County: Pottawatomie | | 14 14 SE 1/4 | | 7 | T 10 S | R 8 ■ E □ W | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | | |
| Business: KDHE | | | direction from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: 1000 SW | Well is located in basin east of Tuttle Creek Blvd and North of | | | | | | | |
| Address: City: Topeka | ZIP: 66612 | Goodfood Pl. in Manhattan, KS. | | | | | | |
| 3 LOCATE WELL | State: KS | | | 14 | | | | |
| WITH "X" IN | 4 DEPTH OF COMPLETED WELL:66.1ft. 5 Latitude: 39.19104 (decimal degrees) Depth(s) Groundwater Encountered: 1)22 | | | | | | | |
| SECTION BOX: | 1 * ` ' | 3) ft., or 4) | | Dongroude, | | | | |
| N | ft. Source for Latitude/Longitude: | | | | | | | |
| | yr) GPS (unit make/model: Garmin 60c | | | | | | | |
| NW NE | -yr) | r) (WAAS enabled? W Yes No) | | | | | | |
| | Pump test data: Well water was ft. after hours pumping g | | | | | | | |
| W | | water was | | ☐ Onli | ne Mapper: | | | |
| SW SE | after hou | | | | | | | |
| | Estimated Yield:gnm | | | | | . Ground Level TOC | | |
| S | Dote Hote Diameter. | | | | | GPS Topographic Map | | |
| 1 mile in. to ft. | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | |
| ☐ Household | | ng: how many wells? | | 11. Test Hole: well ID | | | | |
| ☐ Lawn & Garden | 7. 🔲 Aquifer I | | Cased Uncased Geotechnical | | | | | |
| ☐ Livestock | | ng: well ID | | 12. Geothermal: how many bores? | | | | |
| 2. Irrigation | | tal Remediation: well II | | a) Closed Loop Horizontal Vertical | | | | |
| 3. | | | | | | | | |
| | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted: | | | | | | | | |
| VALUE WITH DESCRIPTION | | | | | | | | |
| Casing diameter | | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other | | | | | | | | |
| 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) | | | | | | | | |
| ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From .66.1 ft. to .65.1 ft., From ft. to ft., From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From66.1 ft. to64.1 ft., From ft. to ft., From ft. to ft. | | | | | | | | |
| 9 GROUT MATERIAL: ■ Neat cement □ Cement grout ■ Bentonite □ Other | | | | | | | | |
| | | | | | | | | |
| Nearest source of possible contamination: Septic Tank | | | | | | | | |
| ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well | | | | | | | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | |
| ■ Other (Specify) .Dry.Cleaner.Facility | | | | | | | | |
| 10 FROM TO | LITHOLO | CIC LOC | FROM | | | r PLUGGING INTERVALS | | |
| <u> </u> | Topsoil | dic Lod | TROM | 10 11 | THO. LOG (COIL.) OF | FLUGGING INTERVALS | | |
| | Clay, Tan, Stiff | | 1 | | | | | |
| | Sand, fine grain, poo | rly sorted becoming | 1 | | | | | |
| | arger grain as depth | | | | ************************************** | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Notes: Cinderella/Stickel Cleaners Project | | | | | | | |
| | | | | | | | | |
| 11 CONTRACTORIS OR LANDOWNER SCENTIFICATION TO 1 | | | | | | | | |
| 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) .10/25/2017 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kansas Water Well Contractor's License No. 710 This Water Well Record was completed on (mo-day-year) 11/16/2017 | | | | | | | | |
| under the business name of Below Ground Surface. Inc. Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, | | | | | | | | |
| Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Aéalth and Environment, Bureau of 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://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 1/20/2015 | | | | | | | | |
| visit us at nttp://www.kdheks | .gov/waterwell/index.html | | KSA 82a-12 | 12 | | Revised 1/20/2015 | | |