WATER V	VELL RE	CORD	Form	WWC-5			· Resources; Ap			
1 LOCATI	ON OF WA	TER WELL:	Fraction	COTE	Sec	ction Num	ber Towns	hip Number	Range Nur	nber
County:	Shav	vnee	SE ¼	SE ¼	INE ¼	AU hal Dositi	oning System	11 S	rees min of 4	digite
County: Shawnee SE ½ SE ½ NE ½ Distance and direction from nearest town or city street address of well if located within city? 5937 NW 17 th St., Topeka KS 66618 SE ½ SE ½ NE ½ Global Positioning System (decimal degrees, m. Latitude:										aigito)
TOGREGI WILLIII	1 011y: 393/	1477 1/ 136., 10	pena in 00	010						
2 WATER	WELL OV	VNER: Meier	Trucking		Ele	evation:				
RR#. St.	Address, Bo	x # : 5937 N	W 17 th St.		l Da	ıtum:				
City, State	e, ZIP Code	: Topeka	KS 66618					legal survey		
3 LOCATE	WELL'S	4 DEPTH OF	COMPLE	TED WELL	L <u>45</u>		ft.			
LOCATO	N				Lawn	& Gardei	n			_
WITH A	N "X" IN	Depth(s) Groun	ndwater Enc	ountered 1		f	ft. 2	ft. 3		ft.
SECTIO	N BOX:	Depth(s) Groun	ΓΙC WATEΙ	R LEVEL	ft. b	elow land	surface meas	sured on mo/d	lay/yr	
1	١	Pump	test data:	Well water	was	ft. af	ter	hours pump	ing	gpm
i	<u> </u>	Pump Est. Yield	gpm:	Well water	was	ft. af	ter	hours pump	ing	gpm
	_ NE _	IWELL WATE	R TO BE U	SED AS: 5	Public wate:	r supply	8 Air condit	ioning II li	njection 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								
W 		2 Irrigation 4	Industria1	7 Domestic	(lawn & gar	den) (10) Monitoring	well		
										. 1
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/y										
1	S	Sample was su	bmitted			Wa	ater Well Disi	infected? Yes	s N	0 X
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped										
1 Stool	2 1	O(R) = O(R)	A chectoe-C	ement	Other (sp.	ecify belo	w)	Welde	ed	I
DVC	<i>J</i> I	ARS 7	Fiberolace	, on the	· corror (ph		• 1	Threa	ded X	
Blonk assins	diameter	5 in to	20 f	t Dia	in	to	ft Dia	in	. to	ft.
PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 5 in. to 30 ft., Dia in. to ft., Dia in. to ft. Casing height above land surface 5 ft., Weight lbs./ft. Wall thickness or gauge No.										
Casing height above land surface 5 it., weight 10s./it. wan unckness of gauge 140. TYPE OF SCREEN OR PERFORATION MATERIAL:										
1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify)										
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)										
CODEN OF DEDEOD ATION OPENINGS ARE										
1 Continuous slot 3 Mill slot 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)										
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 25 ft. to 45 ft. From ft. to ft.										
SCREEN-PE	EKFORATE	DINIEKVALS	rrom	45	ft +	43	ft From		⊷ to	ft
	mr n : ~~		From		ft to		ft From	ft.	to	ft
GRAV	EL PACK	INTERVALS:	From	25	11. 10 	45	ft From	ft.	to	ft.
			rrom				Tr. 110III	ft.		
6 GROUT	MATERIA	AL: 1 Neat cen	ment 2 Ce	ment grout	(3 Benton	ite 4	Other		Δ	
Grout Interva	als Fron	1 8 ft. to	23 ft	. From	ft. to)	ft. From		It. to	II.
What is the r	nearest sour	ce of possible co	ntamination							
1 Septic			ines 7 Pit p				13 Insecticide14 Abandone	d weter well	16 Other (below)	
2 Sewer		5 Cess poo		age lagoon	11 Fuel stor		14 Abandone 15 Oil well/ g			
	110	ines 6 Seepage								
Direction fro	m well?							TC CD IC DI		
FROM	TO		LOGIC LO	G	FROM	ТО	PLU	JGGING INT	EKVALS	
0		pen Pit	. 1 .							
8		ark brown silty	clay							
10	45 Co	parse sand								
 										
						,				
			mple err	MITTIC LOT	ON. mi	/ 11	- (1)	tod (2) =======	muntad or (2)	plugged
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 (mo/day/year) 6/24/11 and this record is true to the best of my knowledge and belief										
under my juri:	sdiction and	was completed on	(mo/day/year	This 117	ater Well Dog	anu mis t ord wee oo	mpleted on (12	olday/vear)	7/12/11	ia benen
lunder the buck	nece name of	ctor's License No Larsen & As	sociates Inc	n	hy (signatu	re)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
under the busi	ness name of	Larsen & As	outaies, ill	P. C 1 4	three ecrics to	Kangar Dan	artment of Hall	th and Environme	ent Bureau of V	Vater
Geology Section	NS: Please fil n 1000 SW Ia	Lin blanks or circle ckson St., Suite 420	tne correct ansv . Topeka. Kans	wers. Send top as 66612-1367.	Telephone 78	љанsas Dep 5-296-5522.	Send one to W	ATER WELL O'	WNER and retain	in one for
INSTRUCTIONS: 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.										