

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <b>Shawnee</b>		NW SW SE	<b>17</b>	<b>T 11 S</b>	<b>R 16 E</b>
Distance and direction from nearest town or city street address of well if located within city? <b>100 NE Hwy 24, Topeka, KS</b>			<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)		
			Latitude: <b>N 39.09148°</b>		
			Longitude: <b>W 95.65963°</b>		
<b>2 WATER WELL OWNER: KDHE T&amp;M / Blackwood Property</b>			Elevation: <b>RIM: 883.52 TOC: 883.10</b>		
RR#, St. Address, Box # : <b>1000 SW Jackson</b>			Datum: <b>above mean sea level</b>		
City, State, ZIP Code : <b>Topeka, KS 66612</b>			Data Collection Method: <b>legal survey</b>		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL 35 ft.</b>			
		<b>MW17</b>			
		Depth(s) Groundwater Encountered _____ ft. _____ ft. _____ ft.			
		WELL'S STATIC WATER LEVEL <b>26.50</b> ft. below land surface measured on mo/day/yr <b>1/6/09</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) <b>(10) Monitoring well</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>					
1 Steel		3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
<b>(2) PVC</b>		4 ABS	7 Fiberglass		Welded _____ Threaded <b>X</b>
Blank casing diameter <b>2</b> in. to <b>20</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height below land surface <b>0.42</b> 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
2 Brass		4 Galvanized steel	6 Concrete tile	8 RM (SR)	11 Other (specify)
				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
2 Louvered shutter		4 Key punched	6 Wire wrapped	8 Saw Cut	11 None (open hole)
<b>SCREEN-PERFORATED INTERVALS:</b>					
From <b>20</b> ft. to <b>35</b> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From <b>18</b> ft. to <b>35</b> ft.		From _____ ft. to _____ ft.	
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
<b>6 GROUT MATERIAL:</b>					
1 Neat cement		<b>(2) Cement grout</b>	<b>(3) Bentonite</b>	<b>(4) Other Concrete: 0-2 ft.</b>	
Grout Intervals From <b>2</b> ft. to <b>16</b> ft. From <b>16</b> ft. to <b>18</b> 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
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>SSE</b> How many feet? <b>~70</b>					
<b>LITHOLOGIC LOG</b>					
FROM	TO				
<b>0</b>	<b>5</b>	<b>Silty clay w/ sand and gravel, brown, moist</b>			
<b>5</b>	<b>10</b>	<b>Silty clay, some very fine sand, gray-brown, moist</b>			
<b>10</b>	<b>15</b>	<b>Sand, very fine grained, gray, some clay, moist</b>			
<b>15</b>	<b>20</b>	<b>Sand, fine grained, gray, some clay, moist</b>			
<b>20</b>	<b>35</b>	<b>Sand, medium grained, gray, well sorted, moist</b>			
<b>PLUGGING INTERVALS</b>					
FROM	TO				
<b>Flushmount waiver from BOW</b>					
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b>					
This water well was <b>(1)</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>1/5/09</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>1/19/09</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 785-296-3522. 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.					