		RECORD		VWC-5	Divis	ion of Wa	ter Reso	urces; App. No.				
1 LOCA	TION OF	WATER WELL:	Fraction		S	ection Nu	ımber	Township No	ımber	Range	Number	
County: Shawnee											6 E	
llocated within city? 2640 NW Topeka Blyd. Topeka, KS												
			L	Longitude: W  Elevation: Datum: above mean sea level Data Collection Method: legal survey  43.5								
2 WATER WELL OWNER: Yingling (NW Reo Project)						Elevation:						
2 WATER WELL OWNER: Yingling (NW Reo Project) RR#, St. Address, Box # : 2640 NW Topeka Blvd. City, State, ZIP Code : Topeka, KS 66612  3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL.						Datum: above mean sea level						
City, Si	TE WELL	'S 4 DEPTH OF	13.5	Data Collection Method: legal survey								
DOU'L	3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 43.5 ft.  LOCATON AS-6											
1	AN "X" II	N Denth(s) Group	ndwater Encou	ntered !		A5-0	ft 2		ft 3		Ð	
i	ION BOX:	WELL'S STA	TIC WATER I	EVEL	ff	helow lar	nd surfa	ice measured o	n mo/d:	av/vr		
) SECT	WITH AN "X" IN SECTION BOX:  N  Depth(s) Groundwater Encountered 1  WELL'S STATIC WATER LEVEL  ft. 2  ft. 2  ft. 3  WELL'S STATIC WATER LEVEL  ft. below land surface measured on mo/day/yr  Pump test data: Well water was  ft. after hours pumping									ng	onm	
Est. Yield gpm: Well water was ft. after									pumpi	ng	gnm	
- NW	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 h									/ell		
										fy below)		
E 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well  Air Sparge										arge		
-sw												
	Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs											
S Sample was submitted Water Well Disinfected? Yes No X											No X	
5 TYPE OF CASING LISED. 5 Wrought Iron 9 Congreta tile CASING IOINTS: Glued Clemed												
1 Ste	el 3	3 RMP (SR) 6	Asbestos-Cem	nent 9	Other (sp	ecify bel	low)		Welde	d		
(2) PV	2) PVC 4 ABS 7 Fiberglass Threaded X											
Blank casi	1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded  2 PVC 4 ABS 7 Fiberglass Threaded X  Blank casing diameter 2 in. to 40.5 ft., Dia in. to 42.5-43.5 ft., Dia in. to ft											
Casing height below land surface ft., Weight lbs./ft. Wall thickness or gauge No.  TYPE OF SCREEN OR PERFORATION MATERIAL:												
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)												
SCREEN OR PERFORATION 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)												
SCREEN-PERFORATED INTERVALS: From 40.5 ft						42.5	ft. Fro	om	ft. to	)	ft.	
		·	ft. to		ft. Fro	om	ft. to	)	ft.			
GRAVEL PACK INTERVALS: From 26 ft. to 43.5 ft. From ft. to ft. From								om	ft. to	)	tt.	
6 GROU	IT MATER	RIAL: 1 Neat cer	nent 2 Ceme	nt grout	(3) Bentor	ite (4	Other	Cement: 0-1 ft.;	Gravel	cave-in: 9-7	26 ft.	
Grout Inte	rvals Fr	om 1 ft. to	9 ft. F	rom	tt. t		<sup>ft.</sup>	From		ft. to	n.	
		ource of possible co	ntamination:	. 10	Livertee	l. mana	12 Inco	antinida Staran		16 Otha	r (specify	
	tic tank er lines	5 Cess poo	nes 7 Pit privy I 8 Sewage		) Livestoc ) Fuel stor			ecticide Storag andoned water		belov		
		er lines 6 Seepage						well/ gas well		0010	• )	
	from well?				ow many	_		wern Sas wen				
FROM	ТО		LOGIC LOG		FROM	ТО		PLUGGIN	GINTE	RVAIS		
0		Gravel	LOGIC LOG		TROW	10		1 2000111	G IIVIL	MVALO		
1		Clay with silt and grav	el, brown, slightly	y moist, no								
		odor (basin fill materi										
8			nestone gravel fill material, moist, no odor									
24			d, medium grained, well sorted, brown, moist,									
33		slight petroleum odor Sand, medium to coar	se grained grav-h	rown.		-	-					
33		poorly sorted, wet, str										
							Flushn	nount waiver	from B	OW		
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) 10/13/08 and this record is true to the best of my knowledge and belief.												
under my jurisdiction and was completed on (mo/day/year) 10/13/08 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No. 757 . This Water Well Record was completed on (mo/day/year) 12/29/08												
under the business name of Larsen and Associates, Inc. by (signature)												
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 Sec	tion, 1000 SW	Jackson St., Suite 420,	Topeka, Kansas 66	6612-1367. T	elephone 78'	5-296-5522	2. Send or	ne WATER WE	ELL OW	NER and re	tain one for	
your records	. ree of \$5.00	for each constructed we	ii. visit us at nub:	nwww.kanel	s.gov/water	WEIL.						