

County: Shawnee Fraction SW NW SE Sec. 17 T 11 S R 16 (E/W)

CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5)
(to rectify lacking or incorrect information)

Owner: KDHE

Location was listed as:

Section-Township-Range: 17 11S 6E

Fraction (1/4 1/4 1/4): SW NW SE

Location changed to:

17 11S 16E

SW NW SE

Other changes: Initial statements: _____

Changed to: sec 17 11S 16E

Comments: _____

Verification method: checked mapper program with address

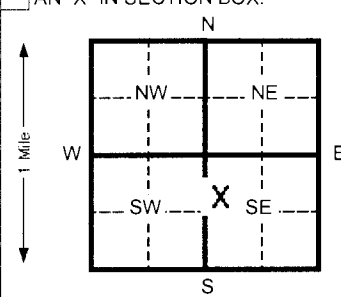
initials: MS date: 08 18 2016

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

1 LOCATION OF WATER WELL: County: **Shawnee** Fraction: **SW 1/4 NW 1/4 SE 1/4** Section Number: **17** Township Number: **T 11 S** Range Number: **R 6 E**

Distance and direction from nearest town or city street address of well if located within city?
100 NE US Highway 24 Topeka, KS

2 WATER WELL OWNER: **KDHE**
 RR#, St. Address, Box # : **1000 SW Jackson, Suite 410** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Topeka, KS 66612** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: **35** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1.5 ft. 2 ft. 3 ft. Ft.
 WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr
 Pump test data: Well water was _____ Ft. after _____ hours pumping _____ Gpm
 Est. Yield _____ Gpm: Well water was _____ Ft. after _____ Hours pumping _____ Gpm
 Bore Hole Diameter **8.5** In. to **35** ft. and _____ in. to _____ Ft.
 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 Lawn and garden (domestic) 10 **Monitoring well** **AS-8**
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was Submitted _____
 Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 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 **35** Dia _____ In. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **FLUSH** In., weight **SCH 40** Lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 **PVC** 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 **Mill slot** 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **33** ft. to **35** ft. From _____ ft. to _____ ft.
 SAND PACK INTERVALS: From **31** ft. to **35** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 **Cement grout** 3 **Bentonite** 4 Other _____
 Grout Intervals From 2 **0.5** ft. to **3** Ft. From 3 **3** Ft. to **31** 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 14 Abandoned gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 **Other (specify below)**
Contaminated Site
 Direction from well? _____ How many feet? _____

| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-----|------|------------------------|------|----|--------------------|
| 0 | 0.5 | | Grass, Sand | | | |
| 0.5 | 2.5 | | Clay | | | |
| 2.5 | 20 | | Sand | | | |
| 20 | 30 | | Silt | | | |
| 30 | 35 | | Sand | | | |
| 35 | TD | | End of Borehole | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and Completed on (mo/day/yr) **01/25/16** And this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **02/25/16**
 under the business name of **Associated Environmental, Inc.** By (signature) **Bradley Johnson**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T

R

SEC