

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

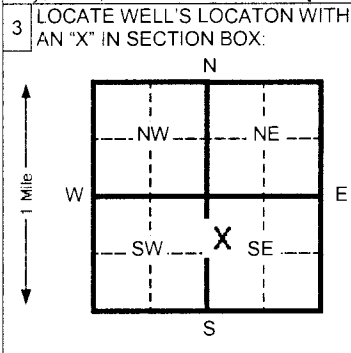
initials: MS date: 08 18 2016

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:



4 DEPTH OF COMPLETED WELL: **35** ft. ELEVATION:
 Depth(s) Groundwater Encountered: 1.5 ft. 2 ft. 3 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-12**
 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:
 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped
 2 **PVC** 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass **Threaded** **X**
 Blank casing diameter: **2** in. to **35** Ft. 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:
 1 Steel 3 Stainless steel 5 Fiberglass 7 **PVC** 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)
 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 **Mill slot** 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify)
 SCREEN-PERFORATED INTERVALS: From **33** ft. to **35** ft. From ft. to ft.
 From ft. to ft. From ft. to ft.
 SAND PACK INTERVALS: From **31** ft. to **35** ft. From ft. to ft.
 From ft. to 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** 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 water 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		Concrete, Sand, Gravel			
0.5	10		Clay			
10	25		Silt			
25	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) **01/26/16** 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 J. 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