		VELL RECORD Form WWC	:-5 I	Division of Wa	ter Resou	ırces: App.	No.		
		ON OF WATER WELL: Fraction		Section Nu	ımber	Township	Number	Range Number	
County	d	Wyandotte SE 14 NW 12	SE 4	26		T 1	1 s	R 23 E	
Distance and direction from nearest town or city street address of well if located within city? 104 S 4th St, Edwardsville, KS 66111 Latitude: NA Longitude: NA									
2 WA	TER V	WELL OWNER: KDHE (New Wave #10)		Elevation:	TOC:	785.23: R	IM: 785.62		
				Datum:	above	mean sea	level		
City	, State	ZIP Code : Topeka, KS 66612		Data Colle	ction M	ethod: leg	gal survey		
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 45 ft.									
	CATO	N		MW11					
1		"X" IN Depth(s) Groundwater Encountered WELL'S STATIC WATER LEVEL	l		ft. 2		ft. 3	it.	
SEC		BOX: WELL'S STATIC WATER LEVEL	41.81	ft. below lar	nd surfac	ce measure	d on mo/da	ay/yr 12/22/09	
	N	Pump test data: Well wat	er was	ft. :	after	ho	urs pumpir	ng gpm	
	N 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 HOUSE AND A STATE OF THE PROPERTY O								
	NW—NE WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well								
w	W E 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								
i L.	sw—se—								
	SW SE Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs								
<u> </u>	<u>i </u>								
S Sample was submitted Water Well Disinfected? Yes No X 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped									
5 111	'E OF	CASING USED: 5 Wrought from	8 Conc	rete tile	CASI	NG JOIN I	5: Glued	Clamped	
	Steel	3 RMP (SR) 6 Asbestos-Cement	9 Otne	r (specify bei	ow)		Weided	1	
Plank	ooina a	4 ABS / Floerglass			· · · · · · · · · · · · · · · · · · ·	D:-	1 nread	ed X	
Cooling height helpsy land symfore 0.30 ft. Weight the 10 Tt., Dia III. 10 Tt., Dia III. 10 Tt.									
Type of screen or defend a tion material.									
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 30 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.39 ft., Weight lbs./ft. Wall thickness or gauge No. 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:									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)									
ISCREEN OR I ERI ORATION OF ENTINGS ARE.									
1 Continuous slot 3 Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)									
2 Louvered shutter # Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 30 ft. to 45 ft. From ft. to ft.									
501052		From	ft to		ft Fro	m	ft to	ft.	
	RAVI	EL PACK INTERVALS: From 28	ft. to	45	ft. Fro	m	ft. to	ft.	
		From	ft. to		ft. Fro	m	ft. to	ft.	
6 CP(TIT N	AATERIAL: 1 Neat coment (2) Coment group	T Pa	tonite (1	Other	Congreta	0.2		
From ft. to ft. From ft. to ft. From ft. to ft. From ft. to ft. 6 GROUT MATERIAL: 1 Neat cement Cement grout Bentonite (4) Other Concrete: 0-2 Grout Intervals From 2 ft. to 26 ft. From 26 ft. to 28 ft. From ft. to ft.									
What is	the ne	arest source of possible contamination:		20	It.	110111		11. 10	
	eptic ta		10 Lives	stock pens	13 Insec	cticide Stor	rage	16 Other (specify	
	ewer li					ndoned wa		below)	
3 W	atertig	tht sewer lines 6 Seepage pit 9 Feedyard		lizer storage				, , , , , , , , , , , , , , , , , , ,	
Direction	n fron	well? W	How ma	ny feet? ~20)Oft				
FROM	TO	LITHOLOGIC LOG	FR	OT MC		LITH	HOLOGIC	LOG	
0	1	Asphalt							
1	7	Brown silty clay, some very fine sand, low to mod, plasti	city						
7	28	Tan very fine sand with silt and some clay							
28	18	Tan fine sand, well sorted							
			ı		Flushmou	int waiver fr	om BOW		
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION.									
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) 11/11/09 and this record is true to the best of my knowledge and belief.									
				Record was co					
		ss name of Larsen & Associates. Inc.		nature)					
INSTRU	CTION:	5. Please fill in blanks or circle the correct answers. Send to	p three copie	s to Kansas Der	artment o	f Health and	Environment.	Bureau of Water.	
Geology Section, 1000 SW Jackson St., Suite 420. Topeka, Kansas 66612-1367. Telephone 785-296-5522. Sendone 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.									
		The state of the s							