WATER WELL R											
1 LOCATION OF W	ndotte	SW	SW	SE la	35		T	ip Numbe 11 S	R	25E	E/W
Distance and direction f	rom nearest town or	city stree	t address of	well if Glo	bal Posi	tioning	System	(decimal de	egrees.	min. of 4	digits)
located within city? 4527 Rainbow Blvd., Kansas City, KS Latitude: N 39°02'40.9" Longitude: W 94°36'41.6"											
2 WATER WELL O	<u> </u>	Longitude: W 94°36'41.6" Elevation: 933.81 pin / 933.66 toc									
2 WAIER WELL U		Datum: above mean sea level									
RR#, St. Address, Box # : Rainbow & 47 th City, State, ZIP Code : U4-105-50002					Datum: above mean sea level Data Collection Method: legal survey						
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 19 ft.											
LOCATON	, Ja Del III of C	OWII DL	TED WED	L <u>1</u>	MW6						
WITH AN "X" IN	Denth(s) Ground	vater Enc	ountered 1		142 44 0	ft ?		ft	3		fi
SECTION BOX:	Depth(s) Ground WELL'S STATION	WATE	RIEVEL	815 ft	below lan	nd surface	ce measi	red on mo	/day/vi	12/20	0/06
N N	Pump to	est data.	Well water	was	ft :	after	oe mease	hours pum	ning		gnm
	Fet Vield	onm'	Well water	was	ft s	after		hours pum	ning	· · · · · · · · · · · · · · · · · · ·	onm
Est. Yield gpm: Well water was ft. after hours pumping 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									on well	. 5 P	
W I Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify bell 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10) Monitoring well)	
The state of the s											
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs											
Was a chemical/bacteriological sample submitted to Department? Yes No X; If ye Sample was submitted Water Well Disinfected? Yes									es	No.	X
5 TYPE OF CASINO 1 Steel 3 2 PVC 4	THEED. 5 W	/rought Ir		§ Concrete	tile	CASI	NG IOD	VTS: Ghu		Clampa	4
1 Steel 2	DMD(CD) C A	abastas C	Compant	O Other (cr	anifir hal	CASI	NO JOI	VID. Ulu	ded	Clampe	١
DIVC 4	9 Office (s)	bechy ber	.ow)		The	ueu 	······································				
Diank assiss diameter	ADS / r	ocigiass	+ Die		+0	-	Die		aueu -		
PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 9 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.15 ft., Weight lbs./ft. Wall thickness or gauge No.											
Casing height below land surface 0.15 ft., Weight lbs./ft. Wall thickness or gauge No.											
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)											
ISCREEN OR PERFORATION OPENINGS ARE:											
1 Continuous slot (3) Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)											
1 Continuous slot 3 Mill slot 5 Guaze 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 9 ft. to 19 ft. From ft. to ft.											
SCREEN-PERFORAT	ED INTERVALS:	From	9	ft. to	19	ft. Fro	om	fi	to		ft.
From ft. to						ft. Fro	om	fi	to		ft.
GRAVEL PACK INTERVALS: From 7 ft. to From ft. to					19	ft. Fro	om	fl	to		ft.
		From		ft. to		ft. Fro	om	fi	to		ft.
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite (4) Other cement, 0-3'											
Grout Intervals From	m 3 ft. to	7 ft	. From	ft. t	0	ft.	From		ft. t	0	ft.
What is the nearest sou	rce of possible conta	ımination	:				_				
1 Septic tank	4 Lateral line	s 7 Pit pi		10 Livestoc			cticide S			Other (s	pecify
2 Sewer lines	5 Cess pool			11) Fuel stor				water well		below)	
	lines 6 Seepage pit	9 Feed	-	12 Fertilize	_	15 Oil	well/ gas	well			
Direction from well?				How many	feet?						
FROM TO	LITHOLO	OGIC LO	G	FROM	TO		PLUC	GGING IN	TERV	ALS	
	oil										
	lay, brown, moist,		sticity								
7 19 L	imestone, wet @ 1-	<u>4'</u>									
											
											
						-					
						Flushn	nount w	aiver by I). Tayl	or	
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) 12/18/06 and this record is true to the best of my knowledge and belief.											
under my jurisdiction and	was completed on (m	o/day/year	·)12/	18/06	and this	record is	true to th	ne best of m	ıy know	ledge and	belief.
Kansas Water Well Contr	actor's License No		This W			omplete	d on (mo/	day/year)_	3/6/0	J7	
under the business name of Larsen & 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 Section, 1000 SW, Jackson St., Suite 420, Toneka, Kansas 66612-1367. Telephone 785-796-5522. Send one to WATER WELL, OWNER and retain one for											
Geology Section, 1000 SW Jackson St., Suite 420. Topeka, Kansas 66612-1367. Telephone 785-296-5522. 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.											OHC 101