| | | RECORD | | Division of Water Resources: App. No. | | | | | | | |
|--|--------------|----------------------------------|---------------|---------------------------------------|----------------|--|-----------|----------------|-----------------------|---------------------------|------------------------|
| 1 LOCA | TION OF W | WATER WELL: | Fraction | SE 5 | SW ½ | Sect | tion Nui | mber | Townsh | ip Number | Range Number |
| Distance a | nd directio | n from nearest town | or city stree | t address o | of well if | Glob | al Posit | tioning | System | (decimal degr | ees. min. of 4 digits) |
| County: Wyandotte SE 1/4 SE 1/4 SW 1/4 35 T 11 S R 25 E Distance and direction from nearest town or city street address of well if located within city? 4604 Rainbow Blvd, Kansas City, KS County: Wyandotte SE 1/4 SW 1/ | | | | | | | | | | | |
| 2 WATE | ED W/ELL | OWNER: KDHE | | | | Longitude: W 94.61258° Elevation: Pin: 945.59 TOC: 945.41 | | | | | |
| RR# S | St Address. | Box # 1000 S | | | | Datum: above mean sea level Data Collection Method: legal survey | | | | | |
| City. S | tate, ZIP C | ode : Topeka | KS 66612 | | | Dat | a Collec | ction M | ethod: I | egal survey | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 15 ft. | | | | | | | | | | | |
| LOCA | | | | | | | W17 | | | | |
| 1 | AN "X" I | N Depth(s) Groun | ndwater Enc | ountered l | | | | ft. 2 | . | ft. 3 | ft. |
| SECT | ION BOX: | | | | | | | | | | ay/yr 2/4/08 |
| | N | Pump | test data: | Well wate | er was | | п. а | ıπer | | nours pumpi | ng gpm |
| | , | EST. YIELD | gpm: | well wate | r was | water | II. a | Riter & Air | conditio | nours pumpi mina 11 In | ng gpm |
| WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Special Control of the Control of th | | | | | | | | | er (Specify below) | | |
| W E 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10) Monitoring well | | | | | | | | | | (| |
| -sw-sE- | | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/y | | | | | | | | | | | If yes, mo/day/yrs |
| | S | Sample was su | bmitted | | | | W | ater We | ell Disini | fected? Yes | No X |
| 5 TYPE | OF CASI | NG USED: 5 | Wrought Ire | on | 8 Cond | crete ti | le | CASI | NG JOIN | NTS: Glued | Clamped |
| 1 Ste | el | 3 RMP (SR) 6 | Asbestos-C | ement | 9 Othe | r (spec | cify belo | ow) | | Welde | d |
| 2 PV | C | 4 ABS 7 | Fiberglass | | | | | | | Threac | led X |
| 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 3 ft., Dia in. to ft., Dia in. to ft. | | | | | | | | | | | |
| Casing height below land surface 0,18 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 ARS 11 Other (specify) | | | | | | | | | | | |
| 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) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) | | | | | | | | | | | |
| SCREEN- | PERFORA | TED INTERVALS | From | 3 | ft. to | 1 | 15 | ft. Fro | m | ft. to | ο π. |
| | | | From | | ft. to | | | ft. Fro | m | ft. to | o ft. |
| GR | AVEL PAG | CK INTERVALS: | From | 2 | π. το | 1 | 15 | π. Fro | om | 11. 10 | o II. |
| | | | From | | ft. to | | | ft. Fro | m | ft. to | o ft. |
| 6 GROU | JT MATE | RIAL: 1 Neat cen | nent 2 Cer | nent grout | (3) B e | ntonite | e (4) |)Other | cement, | 0-1 ft. | |
| Grout Inte | rvals F | RIAL: 1 Neat cen | 2 ft. | From | | ft. to | | ft. | From | | ft. to ft. |
| What is th | e nearest so | ource of possible con | ntamination: | | | | | | | | |
| | tic tank | 4 Lateral li | | | | | | | cticide S | | 16 Other (specify |
| 1 | er lines | 5 Cess poo er lines 6 Seepage | | ge lagoon | | | | | ndoned v well/ gas | water well | below) |
| | | Northeast | pit / recuy | aru | How ma | | | | wen gas | WOII | |
| FROM | ТО | | LOGIC LOC | · · · · · · · · · · · · · · · · · · · | FRO | | ТО | | PLUG | GING INTE | RVALS |
| 0 | 1 | Asphalt | LOGIC LOC | J | TRO | 101 | 10 | | 1200 | IGING INTL | KVALS |
| 1 | 2 | Gravel subgrade | | | | | | | | | |
| 2 | 8 | Clay with silt. brown | | | | | | | | | |
| 8 | 15 | Limestone, yellow-brow | 'n | | | | | | | | |
| | | | | | | | | | | 1-11 | |
| | | | | | | | | | | | |
| | | | | | | | | CL 1 | | · | iow/ |
| | | | | | | | -] | rlushm | ount wa | iver 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) Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 2/19/08 | | | | | | | | | | | |
| Kansas Wa | ter Well Cor | ntractor's License No. | 757 | . This V | | | | mpleted | on (rho/e | lay/year) 2 | /19/08 |
| | | e of Larsen & Ass | | | _ by (sig | | | | | 15 | |
| 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, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for | | | | | | | | | | | |
| vour records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell. | | | | | | | | | | | |