WATE	R WELL	RECORD	Forn	n WWC-5	Di	ivision of W	Vater Reso	ources: App. No.			
1 LOCA	ATION OF W	WATER WELL: yandotte n from nearest town	Fraction NW 5	SW ¼	SE 14	Section N	Number	Township Number	r Ran	ge Number 25 E	
Distance	and directio	n from nearest town	or city stree	et address of	f well if	Global Po	sitioning	g System (decimal d	egrees. m	in. of 4 digits)	
located w	num city: 4	463 Rainbow Blvd,	Kansas Cir	y, KS		Latitude:	$\frac{10.39}{10.00}$	4.61150°			
2 WAT	ER WELL	OWNER: KDHE				Elevation	n: Pin:	927.82 TOC: 927.	50		
RR#, 5	St. Address,	Box # : 1000 SV	W Jackson,	Suite 400		Datum:		e mean sea level			
City, S	State. ZIP C	ode : Topeka.	KS 66612	2		Data Col		Method: legal surve	<u> </u>		
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 25 ft.  MW20											
i	ATON I AN "X" I	N Donth(s) Group	duvotor End	ountarad l		MW20	f 2	f	2	6	
1	ION BOX:	WELL'S STAT	uwater End	DIEVEI	10.90	ft below l	and surf	ft.	Jday/yr	2/4/09	
SECT	N	Pumn	test data:	Well water	10.00	it. below i	and sunc	hours pun	nning	2/4/00 gnm	
		1 Fst Yield	gnm.	Well water	was	1'	t after	hours pun	nping	gpiii	
Est. Yield gpm: Well water was ft. after hours pumping gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well											
W E 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											
-sw-x sE-											
	Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted Water Well Disinfected? Yes No X										
	S	Sample was sub	mitted				Water W	ell Disinfected? Y	es	No X	
5 TYPE	OF CASI	NG USED: 5	Wrought Ir	on	8 Concr	ete tile	CAS	ING JOINTS: Glue	ed (	Clamped	
1 Ste	eel	3 RMP (SR) 6	Asbestos-C	Cement	9 Other	(specify b	elow)	Wel	ded		
(2) PV	/C	4 ABS 7	Fiberglass					Thre	eaded	X	
Blank cas	sing diamete	r 2 in. to	<b>5</b> f	t., Dia		in. to	ft.	, Dia	in. to	ft.	
PVC 4 ABS 7 Fiberglass Threaded X  Blank casing diameter 2 in. to 5 ft., Dia in. to ft., Dia in. to ft.  Casing height below land surface 0.32 ft., Weight Ibs./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 ABS 11 Other (specify)  2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)											
INCREEN 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-PERFORATED INTERVALS: From 5 ft. to 25 ft. From ft. to ft.											
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)											
SCREEN	-PERFORA	TED INTERVALS:	From	5	ft. to	25	tt. Fr	om	. to	tt.	
C.D.	ANTEL DAG	OK INTERVALC.	From		π. το	25	II. FF	om ft	. 10		
GR	CAVELPAG	CK INTERVALS:	From -	4	H. 10	45	H. Fr	om fi	. to		
From ft. to ft. From ft. to ft.											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite (4) Other cement, 0-2 ft.											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other cement, 0-2 ft.  Grout Intervals From 2 ft. to 4 ft. From ft. to 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 13 Insecticide Storage  16 Other (specify											
	ver lines	5 Cess pool		ge lagoon (				andoned water well		elow)	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well											
		South-southwest			How mar	y feet? ~	765 feet				
FROM	TO	LITHOL	OGIC LO	G	FRON	1 TO		PLUGGING IN	TERVA	LS	
0	5	Topsoil, clay with silt, br	own								
5	6	Limestone, gray									
6	9	Clay with silt, brown			-			hre beauty			
21	21	Limestone, gray Shale, limey, gray									
21		Share, hiney, gray					<del> </del>				
									DOW		
					-		Flushr	nount waiver from	BOW		
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	ater Well Cor	ntractor's License No.	757	. This Wa				d on (morday/year)_	2/19/08	<u>}</u>	
		e of Larsen & Asso				ature)					
Geology Ser	CIONS: Please	fill in blanks or circle the	correct answ	ers. Send top 1	three copies	to Kansas I	Department 22 Send o	of Health and Environm	ent. Burea	u of Water,	
Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WA ER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.											