Tourner	WATEI	R WEI	LL RECORD	Form W	WC-5	Division of Wate	r Resources App. N	MW- 6	
County: Shawnee SE k SE k NN k									
Since Rural Address of Well Location: If at owner's address, check here					1 1/4 1/4				
from nearest town or intersection: If at owner's address, check here	County: Criamics								
Longitude: 95.84725					Latitude: 39.02917. (in decimal degrees)				
2 WATER WELL OWNER: Shawnee County Refuse Department RR#, Street Address, Box #: 1515 NW Saline, Suite 150 City, State, ZIP Code 100 1515 NW Saline, Suite 150 City State, ZIP Code 100 1									
WATER WELL OWNER: Shawnee County Refuse Department RR#, Street Address, Box #: 1515 NW Saline, Suite 150 GPS unit (Make/Model:									
2 WATER WELL OWNER: Shawnee County Refuse Department RRP, Street Address, Box *: 1515 NW Saline, Suite 150 City, State, ZIP Code					Datum: ☐ WGS 84, ☐ NAD 83, 7 NAD 27				
City, State, ZIP Code Topeka, Kansas 66618-2844 Digital Map/Phote, Topegaphic Map, QL Land Survey St. Cacuracy -3 m. 3-5 m. 3-15 m. >15 m. =15 m. >15 m. >15 m. >15 m. =15 m.			Onami	ee County Refuse De	epartment	Collection Method:			
SCATION SIGNATION STATE				N Saline. Suite 150					
A DEPTH OF COMPLETED WELL 25	City,	, State, Z	ZIP Code : Topeka	Kansas 66618-284	4	☐ Digital Map/Photo, ☐ Topographic Map, ☑ Land Survey			
SECTION BOX: NECTION BOX: NE						Est. Accuracy: [] <	3 m, ∐ 3-5 m, ∐	5-15 m,	
SECTION BOX: Second Secon			CLL	COMPLETED WELL	25	Δ			
Pump test data: Well water was fi. after hours pumping gpm www.kells hours pumping gpm which was fi. after hours pumping gpm hours which was fi. after hours pumping gpm hours which was fi. after hours pumping gpm hours hou							A ((2)	
Pump test data: Well water was fi. after hours pumping gpm www.kells hours pumping gpm which was fi. after hours pumping gpm hours which was fi. after hours pumping gpm hours which was fi. after hours pumping gpm hours hou	SECI		WELL'S STATE	IC WATER LEVEL 9	9.5 &	helow land surface r	nessured on mold	3)	
S. S. S. S. S. S. S. S.			WELL SSIAI	test deter Well wete		f offer	hours num	ning ann	
Bore Hole Diameter 9	'		DOT VIET D						
WELL WATER TO BE USED AS:		V N	E D II I D						
Domestic Gedlot Gil field water supply Dowestring Other (Specify below) Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted to Department? Yes No No No No No No No N	$\mathbf{w} \perp \perp$	1							
Irrigation									
Was a chemical/bacteriological sample submitted to Department? Yes No If yes, molday/yr sample was submitted. Water well disinfected? Yes No No Water well disinfected? Yes No Water well disinfected? Yes No Water well disinfected? Yes No No Water well disinfected? Yes No Water well declarated Yes No Water well declarated Yes No No No No No No No N									
STYPE OF CASING USED: Steel PVC Other				hootoriological somple	submitted to	Department?	Ves 17 1 No		
Mater well disinfected? Yes No		C	was a chemical/	day/wr comple was sub	submitted to	Department:	162 110		
STYPE OF CASING USED: Steel PVC Other	l	1 mile				•••••			
CASING JOINTS:	water well disinfected? Yes No								
Casing diameter 2. in. to									
Casing height above land surface, 36.96. in, Weight	CASING	G JOIN	ΓS: ☐ Glued ☐ Clan	nped 🗌 Welded					
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Gauze wrapped Saw cut Other (specify) Continuous slot Mill slot Gauze wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From. 5. ft. to .25 ft. From ft. to ft	Casing	g diamet	ter .2 in. to .25	ft., Diameter	in. 1	o ft., D	iameter	in. to ft.	
Steet Stainless Steet PVC Other (Specify)						lbs./ft., Wall thic	kness or gauge N	0	
Brass Galvanized Steel None used (open hole)	TYPE C	OF SCRI			_				
SCREEN OR PERFORATION OPENINGS ARE:	=			∠ PVC		Other (Specify)			
Continuous slot									
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)									
SCREEN-PERFORATED INTERVALS: From	Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)								
From ft. to ft. From ft. The ft. From ft. to ft. From ft. to ft. From ft. The ft. From ft. The ft. From ft. to ft. From ft. The ft. From ft. The ft. From ft. The ft. Fr									
GRAVEL PACK INTERVALS: From. 3. ft. to .25. ft., From. ft. to ft. Fr									
From	CDAVEL DACK INTERVALE. From 3 A 25 C. F. C.								
GROUT MATERIAL:									
Grout Intervals: From 1	6 CDO	IIT MA							
What is the nearest source of possible contamination: Septic tank									
Septic tank					l	10 11.,	rrom	11. 1011.	
Sewer lines	what is the hearest source of possible contamination:								
Watertight sewer lines Seepage pit Feedyard Distance from well 50. faet							l water well		
Distance from well .50 feet FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS 0 7 Clay, firm, brown 7 7.5 Limestone 7.5 14 Clay, firm, gray brown 14 15 Limestone 15 16 Silty clay, with gravel, gray 16 25 Shale, w/limestone seams, blue 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) .10/20/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416. This Water Well Record was completed on mo/day/year) .12/21/09 under the business name of .Terracon .Consultants, lng. by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and cleck the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/vaterwell/index.html.				it Feedyard				lfill	
FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS 0 7 Clay, firm, brown 7 7.5 Limestone 7.5 14 Clay, firm, gray brown 14 15 Limestone 15 16 Silty clay, with gravel, gray 16 25 Shale, w/limestone seams, blue 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☐ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) .10/20/09	Direc	tion from	m well North						
7.5 Clay, firm, brown 7.5 Limestone 7.5 Limestone 7.5 Limestone 7.5 Limestone 7.6 Clay, firm, gray brown 14 Limestone 15 Limestone 16 Silty clay, with gravel, gray 16 25 Shale, w/limestone seams, blue 7.5 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☐ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) .10/20/09					1				
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15 16 Silty clay, with gravel, gray 16 25 Shale, w/limestone seams, blue 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 constructed, 8 constructed, 9 constructed, 9 constructed, 10 constructed, 10 constructed									
15 16 Silty clay, with gravel, gray 16 25 Shale, w/limestone seams, blue 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo/day/year) .10/20/09									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was and constructed, or plugged under my jurisdiction and was completed on (mo/day/year) .10/20/09				ırav	1				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo/day/year) 1.0/20/09									
under my jurisdiction and was completed on (mo/day/year) 1.0/20/09		20	2.10.0, 17/11/10010/10 000						
under my jurisdiction and was completed on (mo/day/year) 1.0/20/09									
under my jurisdiction and was completed on (mo/day/year) 1.0/20/09					 				
under my jurisdiction and was completed on (mo/day/year) 1.0/20/09									
under my jurisdiction and was completed on (mo/day/year) 1.0/20/09	7.00	ED A COS	ODIC OD LANDOWNER	te CEDTIFICATIO	N. This			4.1	
Kansas Water Well Contractor's License No. 416. This Water Well Record was completed on (mo/tlav/year) 12/21/09 under the business name of Terracon Consultants, Inc. by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.	7 CONT	KACT	UK'S UK LANDUWNER	CS CERTIFICATIO	in: I his wate	r well was 🖊 constr	uctea, \square reconstr	ucted, or plugged	
under the business name of .Terracon Consultants, Inc	under m	y jurisdi	ction and was completed of	n (mo/day/year) .!. !! !!	어보다 an	a this record is true t	o the best of my k	nowledge and belief.	
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http://www.kdheks.gov/waterwell/index.html									
CSA 82a-1212 Check: My White Copy, ☐ Blue Copy, ☐ Pink Copy	http://wwv	w.kdheks.g			/				
•	KSA 82a-	-1212				Check: 📉 Wł	nite Copy, 🔲 Bli	ue Copy, 🔲 Pink Copy	