W	ATER W	ELL RE	CCORD	For	m WWC-5	Div	ision of Wa	ater Reso	ources; App. No.		
1 Cou	LOCATIO	N OF WA	TER WELL:	Fraction SW 4	SW ¼	sw ½	Section N 7	umber	Township No	ımber S	Range Number R 15 E
County: Shawnee SW ½ SW ½ SW ½ 7 T 12 S R 15 E Distance and direction from nearest town or city street address of well if located within city? 440 SW 29 <sup>th</sup> St, Topeka KS  County: T 12 S R 15 E  Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N 39.01525°											
Longitude: W 95.68731°											
2 WATER WELL OWNER: KDHE RR#, St. Address, Box # : 1000 SW Jackson Blvd							Elevation: RIM: 965.45; TOC: 965.20 Datum: NAVD29				
	City, State.	ZIP Code	: Topeka	KS 66612	DIVU				Method: legal s	survey	
City, State, ZIP Code : Topeka KS 66612 Data Collection Method: legal survey  3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 18.64 ft.											
	LOCATON	j .					OW17				
	WITH AN	"X" IN	Depth(s) Groun	ndwater En	countered 1			ft. 2		ft. 3	ft.
1	SECTION	BOX:	WELL'S STAT	TIC WATE	R LEVEL	10.84 ft	below la	nd surfa	ace measured o	n mo/d	ft. ay/yr <b>2/14/13</b>
	N		Pump	test data:	Well water	was	ft.	after	hours	pumpi	ng gpm ng gpm
			Est. Yield	gpm:	Well water	was	ft.	after	hours	pumpi	ng gpm
	-NW-	- NE -	WELL WATE	R TO BE U	JSED AS: 5	Public wa	ter supply	8 Ai	r conditioning	11 In	jection well
w	<del></del>	<del>-</del> -⊢ E	2 Irrigation 4	Feed lot	7 Domestic	vater supp	ly vordon) (	9 Dew	atering	12 Otno	er (Specify below)
			2 Imgauon 4	moustriai	/ Domesuc	(lawn & g	arden) (	MIOH	normg wen		
SW SE Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, 1									if ves mo/day/vrs		
	xs		Sample was sul	omitted				Water W	ell Disinfected	l? Yes	No X
5	TYPE OF (	CASING	USED: 5	Wrought I	ron	8 Concret	e tile	CAS	ING JOINTS:	Glued	Clamped
	1 Steel	3 R	MP (SR) 6	Asbestos-	Cement	9 Other (s	specify be	low)		Welde	d
D1	2)PVC	4 A	BS 7	Fiberglass	o - 10.1				ъ:	Thread	led X
Bla	nk casing di	ameter	2 in. to	3.04	II., Dia	1	a. to	π.,	, D18	m.	to
2) PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 3.64 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.25 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)											
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
SCREEN OR PERFORATION OPENINGS ARE:  1 Continuous slot 3 Mill slot 5 Gauze 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 3.64 ft. to 18.64 ft. From ft. to ft.  From ft. to ft. From ft. to ft.  GRAVEL PACK INTERVALS: From 2 ft. to 18.90 ft. From ft. to ft.  From ft. to ft. From ft. to ft.											
SCREEN-PERFORATED INTERVALS: From 3.64 ft to 18.64 ft From ft to ft											
-				From		ft. to		ft. Fr	om	ft. to	ft.
1	GRAVE	L PACK I	NTERVALS:	From	2	ft. to	18.90	ft. Fre	om	ft. to	ft.
				From		ft. to		ft. Fr	om	ft. to	ft.
6	GROUT M	ATERIAI	L: 1 Neat cem	ent 2 Ce	ment grout	(3) Bento	nite (	Other	Concrete: 0-1	1	
Gro	ut Intervals	From	1 ft. to	2 ft	. From	ft.	to	ft.	From		ft. to ft.
Wha	at is the near	est source	of possible con	tamination	:						
	1 Septic tan	k	4 Lateral lin	es 7 Pit p	rivy ]	0 Livesto			ecticide Storage		16 Other (specify
	2 Sewer line		5 Cess pool			1) Fuel sto			andoned water	well	below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well											
Dire	ction from	well? Sy	Y		t	low many	reet? ~1	95 II			
	OM To			OGIC LO		FROM	TO		PLUGGING	G INTE	RVALS
	0 8 8 18		ss on top; Brov wn shale	vn silty cla	<u>y</u>						
	0 10	.9 DIU	WII SHALE								
						1		Flushn	nount waiver	from B	ow
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) econstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)  2/16/13 and this record is true to the best of my knowledge and belief.											
unde Kans	r my jurisdict as Water We	ion and wa	s completed on (nor's License No	no/day/year							nowledge and belief. /25/13
			Larsen & Asso			by (signati		ompiered	Jon Marie Marie	<b></b>	<u> </u>
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water.											
Georg	gy Section, 10	UU SW Jacks	son St., Suite 420, 1	opeka, Kansa	s 66612-136/.	l'elephone /	55-296-5522	. Send of	ME WATER WE	LLOWN	NER and retain one for
your I	cours. ree or	42.00 TOL 65	ich <u>constructed</u> well	. visit us at i	.up.//www.kane	na.gov/watel	WCII.		D. F.		