WATER WELL RECORD	Form WWC-5		vision of Water		Well ID	MW3
X Original Record Correction	Change in Well Ust	Kes	ources App. No.			
1 LOCATION OF WATER WEL	i i	4 SE 14 NE		Township Num	ber Range SR I	Number 5 X E W
County Shawnee NE ¼ NE ½ SE ¼ NE ½ 13 T 12 S K 15 X E W WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction						
Business: KDHE from nearest town or intersection): If at owner's address, check here:						
Address: 1000 SW Jackson Blvd 3201 SW Topeka Blvd., Topeka, KS						
Address:						
	State: KS ZIP: 66612 DEPTH OF COMPLETED WELL:	: 13 ft	5 Latitude:	39.010	90 (de	cimal degrees)
WITH "X" IN Depth	(s) Groundwater Encountered: 1)	ft	Longitude		11 (de	cimal degrees)
SECTION BOX: 2)	ft 3)ft, or 4)	Dry Well		Datum X WGS		33 NAD 27
N WELL'S STATIC WATER LEVEL: 4.84 ft. Source for Latitude/Longitude: X below land surface, measured on (mo-day-yr) 8/20/20 GPS (unit make/model:)						
shove land surface measured on (mo.day.vr) (WAAS enabled? Yes No)						
NW NE x Pump test data: Well water was ft X Land Survey Topographic Map						
w after hours pumping gpm Online Mapper						
Water well was ft						
	afterhours pumping mated Yield:gpm	gpm		Land Survey		
Bor	e Hole Diameter: 7.25 in to	ft, and		Other		
S	in to	R .		***************************************		
7 WELL WATER TO BE USED AS:						
	Public Water Supply: well ID		10 Oil Field V	Vater Supply: lease		
	Dewatering: how many wells?		11 Test Hole: well			
	Aquifer Recharge: well ID			Uncased	Geotechnic	al
	Monitoring: well ID MW3		12 Geothermal: Ho	<u> </u>	T V. die	
2 Irrigation 9 Env	rironmental Remediation: well ID Air Sparge Soil Vapor Ext	raction	a) Closed Loob) Open Loop	• 💻	Vertical Scharge	
4 Industrial	Recovery Injection	iraction	Other (spe	-:6-3-	- —	-
Was a chemical/bacteriological sample submitted to KDHE? Yes X No If yes, date sample was submitted: Water well disinfected? Yes X No						
8 TYPE OF CASING USED: Steel X PVC Other CASING JOINTS: Glued Clampled Welded X Threaded						
Casing diameter 2 in. to 3 ft, Diameter in. to ft, Diameter in. to ft,						
Casing height above land surface -0.37 in. Weight lbs./ft. Well thickness or gauge No						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
Steel Stainless Steel Fiberglass X PVC Other (Specify) Brass Galvanized Steel Concrete tile None used (open hole)						
SCREEN OR PERFORATION OPENINGS ARE:						
Continuous Slot X Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)						
Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)						
SCREEN-PERFORATED INTERVALS: From 3 ft. to 13 ft, From ft. to ft, From ft. to ft,						
GRAVEL PACK INTERVALS:	- Annual Contract of the Contr			ft, From	ft. to	т,
9 GROUT MATERIAL: Neat cement Cement grout X Bentonite X Other Concrete: 0-0.3' Grout intervals: From 0.3 ft. to 1 ft, From ft. to ft, From ft. to ft,						
Grout intervals: From 0.3 ft. to	1 ft, From ft.	to ft, Fi	romft.	toft,		
Nearest source of possible contaminati	Lateral Lines Pit Privy	□ 1 is	restock Pens	Insecticide	Storage	
Sewer Lines	Cess Pool Sewage La		el Storage	==	d Water Well	
	Seepage Pit Feedyard	• =	tilizer Storage	Oil Well /		
Other (Specity)				<u></u>		
Direction from well? Unknown	Distance from	om well? Unknown		ft		
10 FROM TO	LITHOLOGIC LOG	FROM	ТО	LITHO. LOG (co	nt.) or PLUGGIN	IG INTERVALS
0 0.3 Concrete 0.3 I Gravel fill						
1 4 Silty clay				3,6		
4 6 Hard rock laye	ſ					
6 13 Silty clay			_			
		Notes: KI	HE ID: Van Vlec	k Oil and Gas: 114	I-089-15199	
Target of monitoring well is shallow groundwater, <20' of grout was installed at						
the direction of KDHE.						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 7/28-29/20 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's						
jurisdiction and was completed on (mo-d License No 757 Thi	ay-year) 7/28-29/20 and this rec s Water Well Record was completed o			na penci. Kansas	wared Well Cor	mactor's
under the business name of Larsen & A	·	m (mo-day-year) oz	Signature			
Mail 1 white conv along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Buteau of Water 1975 Section,						
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.						
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015						