		RECORD		I W W C-S	DIVISI			s, App. 190.		
	,	WATER WELL: Coffey	C'NN 7	SW ¼	CXX/ v	28	Υ	wnship Number	R 14	E
County:	nd direction	from nearest town	or city stree	et address o	f well if Glo	bal Posi	tioning Sys	stem (decimal de	grees, min. of 4	digits)
located wit	hin city? 6	18 Atherly St, Grid	lev. KS 6683	ة ا	Global Positioning System (decimal degrees, min. of 4 digits) Latitude: 38.09859°					
ACCURACY WILL	0.0, 1 0.		<i>y</i> ,		Lo	ongitude:	95.88548	80		
2 WATE	R WELL	OWNER: KDHI	2				RIM: 11.	36.39; TOC: 11:	36.04	
RR#, St	. Address,	Box # : 1000 S	W Jackson,	Suite 410	D	atum:	NAVD88	8		
City, St	ate, ZIP Co	ode : Topek	a, KS 66612					od: legal surve	<u>y</u>	
3 LOCA	TE WELL	'S 4 DEPTH O	F COMPLE	TED WEL	L 15.10			_ft.		
LOCA'						VIW6				
	AN "X" II	N Depth(s) Grou	ndwater End	ountered			ft. 2	ft.	3	ft.
	ON BOX:	WELL'S STA	TIC WATE	R LEVEL	5.40 ft. l	pelow lar	nd surface i	neasured on mo	/day/yr 9/5	5/13
SECII	N DOX.	Dynn	n toat data:	Well water	r was	ft	atter	nours bum	ping	gpm
 	18	Est Viold	ip iosi data:	Well water	r was	ft.	after	hours pum	ping	gpm
		ESt. 1 ICIU	gpm.	CED VC: 2	Dublic water	r sunnly	8 Air co	nditioning 11	Injection well	i Ox
-NW	T-NE-	WELL WAIR	ER TO BE O	COI field	y atome water	, auppiy	0 Dewater	ing 12 O	ther (Specify l	below)
w L		E 2 Irrigation	Feed lot	7 Damesti	water suppry	rdon) (1	Monitor	ing well	mor (Special)	
			1 Industrial	/ Domesu	c (lawn & ga	raen) (Olvioinioi.	ing won		
sw	SE				1 14 1	T)		. No V	· If wee mold	au/ure
		Was a chemic	al/bacteriolo	gical sampi	e submitted	to Depar	ment, re	s No X	, ii yes, moru	ay/yis [o.W
V ************************************	S	Sample was s	ubmitted			V	Vater Well	Disinfected? Y	es	10 A
5 TVDF	OF CASIN	NG USED: 5	Wrought I	ron	8 Concrete	tile	CASINO	3 JOINTS: Glue	ed Clamp	ed
1 5100		3 RMP (SR) 6 4 ABS 7 7 7 7 8 8 9 10 11 11 11 11 11 11 11 11 11 11 11 11	Fiberalace	JO1110111	, carer (of		***/	Thre	eaded X	ζ
2^{PV}	C	+ ABS	ribergiass	a Dia		to.	ft Di	а	in. to	ft.
Blank casi	ng diamete	r 2 in. to	3	и., Dia		110	/ft Wall th	ickness or gang	e No	
Casing heigh	ght below la	and surface 0 .	29 ft., W	eignt		IDS./	it. Wan th	iickiicss or gaug	0 110.	
TYPE OF	SCREEN (OR PERFORATIOn less steel 5 F	N MATERI	AL:	0.419	·C	1 1	Other (specif	7)	
1 Ste	el 3 Stan	nless steel 5 F vanized steel 6 C	ibergiass	O PM (G)	9 Α.Ε. D) 10 Δο	hestos-C	ement 10	None used (o	pen hole)	
CORPERI	OD DEDEC	A TOTAL A DESKET	MCC ADD.							
SCREEN	OK PEKFU	ot 3 Mill slot ter 4 Key punch	NOS AICE. 5 Gai	ize wranneo	7 Torch	cut	9 Drilled	holes 11 No	ne (open hole))
2 To	ivered shut	ter 4 Key punch	ned 6 Wit	e wrapped	8 Saw C	ut	10 Other (s	pecify)		
SCREEN	PERFOR A	TED INTERVAL	C. Trom	3	ft to	15 10	ff. From	1	ι. ιο	II.
BCICLEIV.	i Liid Old i	.1112	T?		tt to		TT HTOTAL		L. IA)	11.
CP	ATTET DAT	CK INTERVALS:	From	2.	ft. to	15.50	ft. From	f	t. to	ft.
U.V.	AVELIA	JK IIVI EII V ALS.	Erom	A	ft to		ft From	f	t. to	ft.
			110111 -		10. 10		704 6	0 184		
6 GROU	IT MATEI	RIAL: 1 Neat coron 1 ft. t	ement 2 Ce	ement grout	: (3 Benton	nte (4)Other C	oncrete: 0-111	C 4-	
Grout Inte	rvals F	rom 1 ft. t	o 2 f	t. From	ft. 1	.0	ft. F	rom	n. to	II.
What is th	e nearest so	ource of possible c	ontamination	1:						
	tic tank	4 Lateral	lines 7 Pit p	rivy	10 Livestoo			cide Storage	16 Other (
2 Sew	er lines	5 Cess po			(11) Fuel stor	rage		loned water wel	l below)	
3 Wat	ertight sew	er lines 6 Seepage	e pit 9 Feed	lyard	12 Fertilize			ell/ gas well		
	from well?		-		How many	feet? ~9	5ft			
			OLOGIC LC	G	FROM	TO		PLUGGING IN	ITERVALS	
FROM	TO		JEOUIC EC		TROM	1	 			
0	15.50	Brown silty clay								
15.50	15.50	Limestone bedro	CK							
							 			
ļ						 				
							Flushmo	unt waiver fro	m BOW	
									<u> </u>	
7 CONTI	RACTOR'	S OR LANDOW	NER'S CEL	RTIFICAT	ION: This w	ater well	was (1) cons	structed, (2) recor	structed, or (3)	plugged
under my i	urisdiction a	nd was completed or	maldaulyea	r-)	9/4/13	and this	s record is tr	the toll the best of t	ny knowledge a	.nd belie
Kansas Wa	ter Well Co	ntractor's License N	o. 757	. This V	Water Well Re	cord was	completed o	n (mo/cay/year)	10/1/13	
land and Alam In		of Loreon & A	ecociates In	r	hy (signati	ire)		11 V		
INSTRUCT	IONS Pleas	e fill in blanks or circle V Jackson St., Suite 42	the correct ans	wers. Send to	p three copies to	Kansas D	Department of	Health and Environ	ment, Bureau of V	Water,
Geology Sec	tion, 1000 SV	V Jackson St., Suite 42	0, Topeka, Kans	sas 66612-136	7. Telephone 7	85-296-552	22. Send one	to WATERWELL	OWNEK and reta	in one for
your records	. Fee of \$5.00) for each constructed	well. Visit us at	http://www.k	dneks.gov/wate	rweii.		**		