WAIL	W WELL	KECUKD	LOLI	u w wc-	יום פ	vision of w	ater Rest	ources; App. No.		
1 LOC	ATION OF	WATER WELL:	Fraction SE 4	SW 4	SW 4	Section N	Number	Township Number	Range Number R 24 E egrees, min. of 4 digits)	
Distance	and directio	n from nearest town	or city stree	et address c	of well if	Global Po	sitioning	System (decimal de	egrees, min. of 4 digits	
located within city? 827 Walnut St., Mound City KS Latitude: N 38.13974° Longitude: W 94.82024°										
2 WATER WELL OWNER: KDHE Elevation: RIM:869.76; TOC: 869.55										
RR#, St. Address, Box # : 1000 SW Jackson Datum: WGS84								S84		
City,	State, ZIP C	ode : Topeka	KS 66612			Data Col	lection N	Method: legal surve	y	
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 15.05 ft.										
LOCATON WITH AN "X" IN Depth(s) Groundwater Encountered 1 SECTION BOX: MW8 ft. 2 ft. 3 ft. 3 ft. 2 SECTION BOX:										
1	H AN "X" I	N Depth(s) Groun	ndwater Enc	ountered 1			ft. 2	ft. :	3ft.	
SEC	FION BOX:	WELL'S STAT	ric watei	R LEVEL	7.40 f	t. below l	and surfa	ace measured on mo	/day/yr 9/27/12	
	N	Pump	test data:	Well water	r was	ft	after	hours pum	ping gpm	
		Est. Yield	gpm:	Well water	r was	ft	. after	hours pum	ping gpm	
-N	ν - 							r conditioning 11		
w L		E 1 Domestic 3	1 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 → SE →										
Lx	s	Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yr. Sample was submitted Water Well Disinfected? Yes No X								
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped										
1 St	eel	RMP (SR) 6	Asbestos-C	ement	9 Other (specify be	elow)	Weld	led	
(2) P	VC 4	4 ABS 7	Fiberglass			opening of	,	Thre	aded X	
Blank cas	sing diameter	2 in. to	3.05 ft	Dia		in. to	ft	Dia i	n. to ft	
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 3.05 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.21 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)										
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 3.05 ft. to 15.05 ft. From ft. to ft.										
SCREEN-PERFORATED INTERVALS: From 3.05 ft. to 15.05 ft. From ft. to ff										
			From		ft. to		ft. Fro	om ft.	to ft.	
GF	RAVEL PAC	K INTERVALS:	From	2	ft. to	15.30	ft. Fro	om ft.	to ft.	
			From		ft. to		ft. Fro	om ft.	to ft.	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1ft Grout Intervals From 1 ft. to 2 ft. From ft. to ft. From ft. to ft.										
Grout Intervals From 1 ft. to 2 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										
2 Sewer lines 5 Cess pool 8 Sewage lagoon (1) Fuel storage 14 Abandoned water well below)										
3 Watertight sewer lines 6 Seepage pit 9 Feedyard Direction from well? SW 12 Fertilizer storage 15 Oil well/ gas well How many feet? ~220ft										
FROM	TO		OGIC LOG				72010	DI LICODIO DI	PDIATO	
0		Asphalt	OGIC LOG		FROM	TO		PLUGGING INT	ERVALS	
0.3		Srown hard silty cl	av							
7		Hard sandy limesto				 			***	
7.5		Brown hard shale								
									10.7	
					-		-			
							Flushn	nount waiver from	BOW	
a corim	D.A.CITICATIO	OD I AMBOURT	DIO CES	VIII.C . ****		1				
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) 11/7/12 and this record is true to the test of my knowledge and belief.										
Kansas Wa	ter Well Conti	ractor's License No	757	This Wa	ter Well Re	_ and ints	completed	true to the best of my	knowledge and belief.	
under the h	usiness name	of Larsen & Associ	ciates. Inc.		by (signati		ompieted	(IIIO/Gry/Vear)	14/3/14	
							enartment	Halth and Environme	nt Rureau of Water	
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies 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 to WATER WELL OWNER and retain one for										
your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.										