	WELL R			WWC-5		sion of Water			MW11		
	Record _			e in Well Use		urces App. No.		Well ID			
		ATER WEL	L:	Fraction		ion Number	Township Numb		ige Number		
County	: HARVEY			NE14 SW14 SW14		17	T 23 S		■E □ W		
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and											
Business: KDHE direction from nearest town or intersection): If at owner's address, check here:											
Address: 1000 SW Jackson, Suite 410											
1/O 1/O 07444											
City:	Topeka	T				7					
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:15 ft. 5 Latitude:38.04390 (deci									.(decimal degrees)		
l .	Depth(s) Groundwater Encountered: 1) tt.						Longitude: 97.34422 (decimal degrees)				
	2) ft. 3) ft. or 4) L I Dry W					Horizonta	al Datum: WGS 8	4 🔳 NAD	83 🗆 NAD 27		
·	WELL'S STATIC WATER LEVEL: 6.99 ft.						Source for Latitude/Longitude:				
'	1 [below l	below land surface, measured on (mo-day-yr)1-7-								
NW	NE		oove land surface, measured on (mo-day-yr)			(WAAS enabled? Yes No)					
	Pump test data: Well water was					■ Land Survey ☐ Topographic Map					
W	E after hours pumping gpm Well water was ft.					☐ Online Mapper:					
SW	SE	after		s pumping							
	Estimated Y			Sh	6 Elevation: 1446.51ft. ☐ Ground Level ■ TOC						
S Bore Hole			e Diameter: 8.5 in. to 15 ft. and			Source: Land Survey GPS Topographic Map					
] Other				
7 WELL WATER TO BE USED AS:											
1. Domestic:				ater Supply: well ID		10. 🔲 Oil F	ield Water Supply: 1	ease			
	☐ Household 6. ☐ Dewatering: how many w										
Lawn &	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID										
ı —	Livestock 8. Monitoring: well ID						12. Geothermal: how many bores?				
2. 🔲 Irrigati	2. ☐ Irrigation 9. Environmental Remediation: well ID						a) Closed Loop				
_	3. Feedlot Air Sparge Soil Vapor Extraction						b) Open Loop Surface Discharge Inj. of Water				
4. 🔲 Industr	rial] Recovery	☐ Injection		13. ☐ Other	(specify):	• • • • • • • • • • • • • • • • • • • •			
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:											
Water well disinfected? ☐ Yes ■ No											
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other											
Casing diameter											
Casing height above land surface											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)											
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
☐ Continuous Slot ☐ 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 .5											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other											
Grout Intervals: From											
Nearest source of possible contamination:											
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage											
Sewer			Cess Pool	☐ Sewage La		Fuel Storage		doned Water			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
☐ Other (Specify)											
10 FROM	TO TO		ΙΤΗΛΙΛ	GIC LOG	FROM	TO L	THO. LOG (cont.) c	r PI LICCH	JG INTERVALS		
0	0.5	Topsoil	CLIHOLO	GIC LUG	I KOW	10 11	TITO, LOG (COIIL) C	" I FOOGII	10 HATTER AVED		
0.5		Silty Clay (C	1) dark	arown soff							
8				JIOWII, SUIL	-						
0	10	Shale, greer	1, 11(11)								
	 										
					Notes:						
	<u> </u>										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
under my jurisdiction and was completed on (mo-day-year) .1.1-1.3-19 and this record is true to the best of my knowledge and belief.											
Kansas Water Well Contractor's License No. 585 This Water Well Record was completed on (mo-day-year) 2-2-21 under the business name of Associated Environmental.Inc											
under the	usiness nan	le of ASSQC	915H.F(1V	ach constructed well to: "	nese Dana-t	of Health and E-	vironment Riverna of V	Water GWTS	Section		
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS 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.											
				a cocia-130/. Iviali cile ic			and your rooman releg				
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015											

