	WELL R		_	WWC-5	_	ivision of Wat				MW13				
	Record _			e in Well Use	R	sources App.	No.		Well ID					
		ATER WELL	:	Fraction	S	ection Numb	er	Township Number		nge Number				
County: HARVEY			NE14 SW14 SW14	SE1/4	17		T 23 S	R 1	E 🗆 W					
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, dist										distance and				
Business: KDHE direction from nearest town or intersection): If at owner's address, check here:										check here:				
Address: 1000 SW Jackson Suite 410														
Address: 118 N. MAIN S1.														
City:	Topeka	Si	ate: KS	ZIP: 66612-1367	Newton, I	(S 67114								
3 LOCAT		A DEPOSITE) T. CO.		.:									
WITH "	X" IN	4 DEPTH	JF COM	IPLETED WELL:	:15ft. 5 Latitude: 38.04309 (decimal degree					.(decimal degrees)				
SECTIO	N BOX:			Encountered: 1)										
N	1	2)	π.	3) ft., or 4)	Dry Well			l Datum: ☐ WGS 84	■ NAD	83 LI NAD 27				
		WELL'S STA	WELL'S STATIC WATER LEVEL:7.03 ft. ■ below land surface, measured on (mo-day-yr)1-7-21					Source for Latitude/Longitude:						
'	'	above land surface, measured on (mo-day-yr)					GPS (unit make/model:)							
NW	NE						(,							
			Pump test data: Well water was				Land Survey Topographic Map							
W	E	aner	er hours pumping gpm Well water was ft.				Online Mapper:							
sw		after hours pumping gpm												
	X ı		Estimated Yield:gpm			6 Elevation: 1444.09 ft. ☐ Ground Level ■ TOC								
S Bore Hole			ole Diameter: 8.5 in. to 15 ft. and				Source: Land Survey GPS Topographic Map							
			Sour	Other										
1. III. U														
7 WELL WATER TO BE USED AS:														
				ter Supply: well ID		10. Oil Field Water Supply: lease								
☐ Household 6. ☐ Dewaterin				g: how many wells?	11. Test	11. Test Hole: well ID								
☐ Lawn & Garden 7. ☐ Aquifer R				echarge: well IDg: well IDMV	` <u>`</u>	☐ Cased ☐ Uncased ☐ Geotechnical								
Livesto							nal: how many bores?							
	2. ☐ Irrigation 9. Environmental Remediation: well ID 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extra													
3. Feedlo								Surface Discharge Inj. of Water						
4. 🔲 Industi	nai	L	Recovery	☐ Injection		13. 🔲 🤇)ther	(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														
CRAVEL BACK DIFFERNALS. From 11. 0														
GRAVEL PACK INTERVALS: From														
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other														
Grout Intervals: From														
Nearest source of possible contamination:														
☐ Septic		_	ateral Line			Livestock F		☐ Insectici						
☐ Sewer			ess Pool	Sewage La		Fuel Storag		Abandon						
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well														
☐ Other (Specify) Direction from well? Southeast Distance from well? 350 ft.														
Direction fro	om well? . SO	uti ledži		Distance from w		·····	· · · · · ·	ft.						
10 FROM	TO		THOLO	GIC LOG	FROM	TO	LI'	THO. LOG (cont.) or	PLUGGIN	IG INTERVALS				
0		Topsoil												
0.5		Silty Clay (CL), dark b	rown, soft										
8		Shale, green,												
							T	777						
					1		T							
	 				+		 							
	 				Maker									
					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) .1.1.3.19 and this record is true to the best of my knowledge and belief.														
under my j	urisdiction a	nd was comple	ted on (r	no-day-year) .1.1-1.3	19 a	nd this record	l is t	rue to the best of my	/ khowled	ige and belief.				
Kansas Wa	ater Well Co	ntractor's Lice	nse No.	585 This Wa	ater Well l	Record was co	ompl	leted on (mo-day-ye	21) 4%,	5.h				
under the	ousiness nam	e of ASSOCIAT	eg Envi	ronmental.Inc		.Signature			<u> </u>					
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.														
				66612-1367. Mail one to			one i	for your records. Telepho						
Visit us at htt	p://www.kdhek	s.gov/waterwell/in	dex.html	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015										

