WATER	WELL	RECORD	Forn	n WWC-	5 I	Division of Wat					
1 LOCA	TION OF	WATER WELL:	Fraction			Section Nu	mber	Township N	lumber	Range Number R 5 E	
County:		Butler n from nearest town	NE ¼	NE 4	5W ½	Clobal Posi	tioning	System (dec	imal deg	rees, min. of 4 digits)	
Distance a	nd direction	n from nearest town of 701 W. Central St., I	or city stree	et address o	i well it	Latitude:	N 37.	81710°	mu cog	1000,	
located wi	timi City: 1	701 W. Contrar St., 1	Ji Dolado i			Longitude:	W 96	.87146°			
2 WATE	R WELL	OWNER: KDHE	(Town &	Country)		Elevation:	TOC:	1321.94; RI	M: 132	1.40	
RR#. S	t. Address.	Box # : 1000 SV	V Jackson	Blvd		Datum:	NAV	D 29			
City, S	tate, ZIP Co	ode : Topeka	KS 66612					ethod: legal	survey		
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 18.50 tt.											
LOCA	TON					MW13			6 6	ا	
WITH	AN "X" I	N Depth(s) Groun	dwater End	countered 1			.ft. 2		n. 3	ft. lay/yr 3/18/15	
SECT	ION BOX:	WELL'S STAT	IC WATE	R LEVEL _.	6.76	ft. below lar	nd surfa	ce measured	on mo/o	1ay/yr 3/18/15	
	N	Pumn	test data:	Well water	was	ft. a	after	hou	rs pump	ing gpm	
		Est. Yield	gpm:	Well water	was	n. a	atter	nou	rs pump	ıng gpm	
1 1 1 INVELLANATED TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well											
l w	W X E 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 10 Monitoring well										
	- sin - se -										
	Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted Water Well Disinfected? Yes No X										
	S	Sample was sub	mitted			W	ater W	ell Disinfect	ea? Yes	NO X	
5 TYPE	OF CASI	NG USED: 5	Wrought I	ron	8 Con	rete tile	CASI	NG JOINTS	: Glued	Clamped	
1 Sto	ام.	3 RMP (SR) 6	Ashestos-C	Cement	9 Othe	r (specify bel	low)		Welde	ed .	
(2)PV	C	4 ABS 7	Fiberglass						Threa	ded X	
Blank casi	ing diamete	r 2 in. to	5.5	ft., Dia		in. to	ft.,	Dia	in	. toft.	
PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in to 5.5 ft., Dia in to ft., Dia in to ft. Casing height below land surface 0.54 ft., Weight lbs./ft. Wall thickness or gauge No.											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
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)											
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open note)											
SCREEN OR PERFORATION OPENINGS ARE: 1. Continuous also O'Nillalot 5. Gauze wrapped 7. Torch cut 9 Drilled holes 11. None (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-	PERFORA	TED INTERVALS:	From	5.5	ft. to	18.5	ft. Fro	om	π. 1	to π .	
			From		ft. to		ft. Fro	om	n. 1	to π .	
GR	AVEL PAG	CK INTERVALS:	From	3	ft. to	18.65	ft. Fro	om	ft. 1	to ft.	
			From		ft. to		ft. Fro	om	ft. 1	to ft.	
6 CPOI	T MATE	RIAI · 1 Neat cem	ent 2 Ce	ment grout	(3) Be	ntonite (4	Other	Concrete: ()-1'		
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1' Grout Intervals From 1 ft. to 3 ft. From ft. to ft. From ft. to ft.											
What is the nearest source of possible contamination:											
1	tic tank	4 Lateral lin			10 Live	stock pens	13 Inse	ecticide Stora	ige	16 Other (specify	
	er lines	5 Cess pool		age lagoon			14 Aba	indoned wate	er well	below)	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well											
Direction from well? N How many feet? ~160'											
FROM	TO	LITHOL	OGIC LO	G	FRC	M TO		PLUGGI	NG INT	ERVALS	
0	7	Dark black-light b							d-1" :	-1117	
7	10	Light brown silty o	lay w/ lim								
		shale, and crystalli							-1. 11		
10	18.65	Green grading to b	rown silty	clay	_						
					-						
					-						
			IDIC CE	minto ent	ON: T			another (2)	recomet	noted or (2) plugged	
7 CONT	RACTOR'	S OR LANDOWNI	ER'S CER	TIFICATI	ON: Th /3/15	is water well w	record	the to the be	t of my	knowledge and belief.	
under my ji	urisdiction a	nd was completed on (1 ntractor's License No.	no/day/year 757	This W	ater Wel	Record was c	omnlete	on smolded	year)	4/13/15	
Mansas Wa	ici well Col	e of Larsen & Asso				nature)		//-	· · · · · · · · · · · · · · · · · · ·		
TNICTO LICE D	TONE DIALI	a fill in blanks or simle th	e correct and	vers Send ton			partm m	Health and E	nvironme	nt, Bureau 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 undto WATER WELL OWNER and retain one for the contraction of the contraction											