WAIL		ECOKD	LOIM	** ** * .				ources; App. 1				
1 LOC	ATION OF W	VATER WELL: gwick	Fraction SW 1/4	NW ¼	NW ¼	Section 1 4	Number	Township	Number 7 s	Range N	lumber E	
1 LOCATION OF WATER WELL: Fraction County: Sedgwick SW ¼ NW ¼ NW ¼ Distance and direction from nearest town or city street address of well if located within city? 2829 N. Emporia, Wichita KS Section Number Township Number T 27 s R 1 E Global Positioning System (decimal degrees, min. of 4 digits Latitude: N 37.73398°												
located w	inm city? 282	29 N. Emporia, W	ichita KS			Longitud	le: W 9	7.33439°				
2 WATER WELL OWNER: KDHE Elevation: Rim:1311.79; TOC: 1311.										.37		
RR#, St. Address, Box # : 1000 SW Jackson City, State, ZIP Code : Topeka KS 66612							Datum: WGS84					
City,	State, ZIP Cod	ie : Topeka	COMPLE'	red wei	J. 18 60	Data Col	nection i	vietnoa: jeg	ai survey		- '.	
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 18.60 ft. LOCATON MW10												
1	HAN "X" IN	Depth(s) Grour	dwater Enco	untered 1					ft. 3		ft.	
	TON BOX:	Depth(s) Grour WELL'S STAT	TIC WATER	LEVEL	13.34	ft. below l	and surf	ace measure	d on mo/d	ay/yr 2	/26/14	
	N	Pump	test data:	Well water	· was	f	t. after	ho	urs pumpi	ng	gpm	
		Est. Yield	gpm:	Well water	was	f	t. after	ho	urs pumpi	ng	gpm	
X-NV	v— NE —	WELL WATER	R TO BE US	ED AS: 5	Public	water suppl	y 8 A	ir conditioni	ng ll Ir	jection we	;[] . b = 1 =\	
W 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well												
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												
												5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
1 St	eel 3	RMP (SR) 6	Asbestos-Ce	ement	9 Other	(specify b	elow)		Welde	d		
(2) P\	/C 4	ABS 7	Fiberglass						Threac	led	X	
Blank cas	ing diameter	2 in. to	8.60 ft.	, Dia		in. to	ft.	., Dia	in.	to	ft.	
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 8.60 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 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)												
SCREEN OR PERFORATION OPENINGS ARE: 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	-PERFORATI	ED INTERVALS:	From	8 60	ft to	18 60	ft Fr	rom	ft to	`	ft	
			From		ft. to		ft. Fr	rom	ft. to) <u></u>	ft.	
GR	LAVEL PACK	INTERVALS:	From	7	tt. to	19.06	ft. Fr	rom rom	It. to) 	tt.	
			From		IL. 10		II. FI	OIII	IL. U	·	п.	
6 GRO	UT MATERL	AL: 1 Neat cem	ent 2 Cerr	ent grout	3 Ber	itonite (4)Other	r Concrete:	0-1'	A 40		
What is th	e nearest sour	n 1 ft. to	tamination:	riom	¹	i. io	^{IL.}	. ггош		11. 10	т.	
	tic tank	4 Lateral lin		γy	10 Lives	tock pens	13 Ins	ecticide Stor	age	16 Other	(specify	
	er lines	5 Cess pool		e lagoon (11) Fuel :	storage	14 Ab	andoned wat	ter well	below		
		lines 6 Seepage p	it 9 Feedya			_		well/ gas w	ell			
Direction	from well? N					ny feet? ~	630'					
FROM	TO		OGIC LOG		FRO	M TO		PLUGG:	ING INTE	RVALS		
10		ravel on top; Bro edium tan sand	wii siity cia	<u> </u>	+		+					
					 		-					
					 		+					
							Table 2			OW.		
							Flushi	mount waiv	er from B	UW		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (Leopstructed, 22) econstructed, or (3) plugged												
under my jurisdiction and was completed on (mo/day/year) 2/25/14 and this record is true to the best of my knowledge and belief.												
Kansas Water Well Contractor's License No. 757 under the business name of Larsen & Associates, Inc. This Water Well Record was completed on (proday/year) 3/14/14 by (signature)												
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 of WATER WELL OWNER and retain one for											in one for	
your records.	your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.											