WAIL	IK WELL	KECOKD	1.01 11	1 11 11 6-2								
1 LOC	ATION OF Mo	WATER WELL: ontgomery n from nearest town	Fraction NW ¼	NW ¼	SW 1/4	Section No.	umber	Township N	lumber S	Range Number R 14 E		
Distance	and directio	n from nearest town	or city stree	et address of	well if G	lobal Pos	itioning	System (dec	imal degr	rees, min. of 4 digits		
located within city? 207 E. Hickory St., Elk City KS 67344 Latitude: N 37.29181° Longitude: W 95.90935°												
2 WATER WELL OWNER: KDHE Elevation: RIM: 832.60; TOC: 832.34												
RR#, St. Address, Box # : 1000 SW Jackson Datum: WGS84												
City.	State, ZIP C	ode : Topeka	KS 66612			Data Colle	ection N	1ethod: legal	survey			
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 9.35 ft.												
LOCATON WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 7.04 ft. below land surface measured on mo/day/yr 9/13/12												
WIT	H AN "X" I	N Depth(s) Groun	idwater Enc	ountered 1			ft. 2		ft. 3	ft.		
SECT	ΓΙΟΝ BOX:	WELL'S STAT	FIC WATE	R LEVEL	7.04 ft	below la	nd surfa	ce measured	on mo/d	ay/yr 9/13/12		
	N Pump test data: Well water was ft. after hours pumping gpm Est. Yield gpm: Well water was ft. after hours pumping gpm											
		Est. Yield	gpm:	Well water	was	ft.	after	hour	s pumpi	ng gpm		
NI	M — NiE —	WELL WATE										
W X 1 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 + st -												
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-C	ement	9 Other (s	specify be	low)		Welde	d		
(2) PY	VC .	4 ABS 7	Fiberglass						Thread	led X		
Blank cas	sing diamete	r 2 in. to	2.35 ft	i., Dia	ir	n. to	ft.,	Dia	in.	to ft.		
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in to 2.35 ft., Dia in to ft., Dia in to ft. Casing height below land surface 0.26 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)												
1 Continuous slot (3) Mill slot 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-PERFORATED INTERVALS: From 2.35 ft. to 9.35 ft. From ft. to ft.												
SCREEN	-PERFORA	TED INTERVALS:	From	2.35	ft. to	9.35	ft. Fro	om	ft. t o	o ft.		
			From		ft. to		ft. Fro	om	ft. to	o ft.		
GF	RAVEL PAC	CK INTERVALS:	From	2	ft. to	9.60	ft. Fro	om	ft. to	o ft.		
			From		ft. to		_ft. Fro	om	ft. to	oft.		
From ft. to ft. From ft. to ft. From ft. to ft. From ft. to ft. GRAVEL PACK INTERVALS: From 2 ft. to 9.60 ft. From ft. to ft. From ft. The ft. From ft. From ft. The ft. From ft. Fr												
Grout Intervals From 1 ft. to 2.35 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												
	ver lines	5 Cess pool		ge lagoon (1	[]) Fuel sto	rage		indoned water		below)		
		er lines 6 Seepage p	it 9 Feedy					well/ gas well	1			
Direction	from well?	NW		I	How many	feet? \sim 7	5ft		·			
FROM	TO	LITHOL	OGIC LOC	j	FROM	TO		PLUGGIN	IG INTE	ERVALS		
0	8	Brown silty clay										
8	9.60	Limestone										
					-	1						
					-	-						
			100									
							Flushm	nount waiver	from B	OW		
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) 9/4/12 and this record is true to the best of my knowledge and belief.												
under my jurisdiction and was completed on (mo/day/year) 9/4/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 9/12/12.												
		of Larsen & Asso		This wa	by (signatu		ompieted	on (morady/y)	Mai)9/	14/14		
				ers. Send ton t			nartment	of Health and En	vironment	Rureau of Water		
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Floatth and Environment. Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send on a tow MATER WELL OWNER and retain one for												
your records.	Fee of \$5.00	your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.										