WATER WE		CORD	Form	WWC-	Divisi			urces, App. No.		
1 LOCATION County:		TER WELL:	Fraction NW 4	NE ¼	SW ¼	ection Nu 17	mber	- 2 c	Range Number	
Distance and direction from nearest town or city street address of Well II Global Positioning System (decimal degrees, him. of 4 digits)  Legated within city? 129 W. Locust St. Troy KS  Latitude: N 39.78960°										
Longitude: W 95.09033°  Longitude: W 95.09033°									22.75	
12 WATER WEDE OWNERS. IEDZE							vation: RIM: 1033.06; TOC: 1032.75			
RR#, St. Address, Box # : 1000 SW Jackson City, State, ZIP Code : Topeka KS 66612							Data Collection Method: legal survey			
City, State, Z	IP Code	: Topeka	KS 66612	men men					, <u>y</u>	
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 34.97 ft.										
LOCATON MW4										
	WITH AN "X" IN Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft									
SECTION BOX: WELL'S STATIC WATER LEVEL 31.46 ft. below land surface measured on mo/day/yr 1									orina 10/24/13	
Pump test data: Well water was ft. after hours pumping  Est. Yield gpm: Well water was ft. after hours pumping										
		Est. Yield	gpm:	Well water	was	π	aπer	nours puit	iping gpm	
- NW- -	H NE -	WELL WATE	R TO BE US	SED AS: 5	Public water	er supply	8 A1	r conditioning 11	Hijection wen	
w   _   _	۽ لــــٰــ	1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)								
W x   E   1 Domestic   1 Domestic   2 Irrigation   4 Industrial   7 Domestic (lawn & garden)   1 Domestic   1										
Sw SE Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs										
		Was a chemica	l/bacteriolog	gical sampl	e submitted	to Depart	ment?	Yes No X	; If yes, mo/day/yrs	
S Sample was submitted Water Well Disinfected? Yes No X										
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped										
1 041	2 D	MD (CD) 6	A chectoc_C	ement	4 ()ther(st	recity bel	IOW)	wei	laea	
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)  Welded Threaded X										
Plank assing diameter 2 in to 14 97 ft Dia in to ft. Dia in to ft.										
PVC 4 ABS 7 Fiberglass  Blank casing diameter 2 in. to 14.97 ft., Dia in. to ft., Dia in. to ft.  Casing height below land surface 0.31 ft., Weight lbs./ft. Wall thickness or gauge No.										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
1 Steel 3 Steinless 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)										
CODEEN OD D	EDEOD A	TION OPENIN	GC 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)										
2 Louvered shutter * Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)										
SCREEN-PERFORATED INTERVALS: From 14.97 ft. to 34.97 ft. From ft. to ft. From ft. to ft.										
GRAVE	L PACK 1	NTERVALS:	From	13	n. to	35.23	. II. FI	OIU	t. to ft.	
From ft. to ft. From ft. to ft.										
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1ft										
Grout Intervals From 1 ft. to 13 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										
2 Sewer line	es	5 Cess poo	1 8 Sewa	ge lagoon (	(11) Fuel stor	age		andoned water well	l below)	
3 Watertigh	t sewer li	nes 6 Seepage	pit 9 Feedy	/ard				well/ gas well		
Direction from					How many	feet? ~7!	0ft			
FROM T			LOGIC LO	ì	FROM	TO		PLUGGING IN	ITERVALS	
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					_		Fluch	mount waiver from	n BOW	
							T. MOIII	MOUNT WHITE IIUL		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, 2) reconstructed, or (3) plugged										
lunder my jurisdiction and was completed on (mo/day/year) 10/22/13 and this record is frue to the best of my knowledge and belief.										
Kansas Water We	ell Contrac	tor's License No.	757	. This W	ater Well Rec	ord was c	omplete	d on (mo/day/year)_	11/15/13	
under the busines	s name of	Larsen & Ass	ociates, Inc.		by (signatu	re)	\	1		
	D1 (71)	111 ( 114	la a a most omore	ore Sand ton	three copies to	Kansas De	partmen	of Health and Environ	ment, 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 one of WATER WELL OWNER and retain one for										
your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.										