WATER WELL R		WWC-5	Divi	sion of Water		MW-11		
Original Record	Correction	e in Well Use	Resor	arces App. No.		Well ID		
1 LOCATION OF WA	ATER WELL:	Fraction	Sect	ion Number	Township Numb			
County: Clay	NE1/4 NE1/4 NW 1/2							
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and								
Business: KDHE direction from nearest town or intersection): If at owner's address, check						's address, check here:		
Address: 1000 SW Jackson St; Ste. 410 Between 5th and 6th Streets and Pomeroy St.								
Address:						1 01.1		
City: Topeka	State: KS	ZIP: 66612	Clay C	enter K	>			
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:30 ft.					5 Latitude: 39. 37236 (decimal degrees)			
WITH "X" IN	WITH "X" IN Depth(s) Groundwater Encountered: 1)					(decimal degrees)		
SECTION BOX:	N BOX: Depth(s) Groundwater Encountered. 1)				Longitude: -97.12566(decimal degrees) Horizontal Datum: ■ WGS 84 □ NAD 83 □ NAD 27			
N	WELL'S STATIC WATER LEVEL: ft.							
	below land surface, measured on (mo-day-yr)				Source for Latitude/Longitude: GPS (unit make/model: Garmin etrek)			
	The standard Communication (communication)				(WAAS applied?	Vas D No)		
NWNE	Pump test data: Well water was			(WAAS enabled? Yes □ No) □ Land Survey □ Topographic Map				
W V E	0				Online Mapper:			
W X	Well water was ft.				Cinnic Mapper			
SW SE	after hours pumping							
	Estimated Yield:gpm				6 Elevation:ft. Ground Level TOC			
S				Source: Land Survey GPS Topographic Map				
1 mile						Other		
7 WELL WATER TO BE USED AS:								
1. Domestic:		iter Supply: well ID		10. □ Oil Fi	eld Water Supply: le	ease		
Household					11. Test Hole: well ID			
Lawn & Garden					☐ Cased ☐ Uncased ☐ Geotechnical			
Livestock	= 1 N/\\\/\ 11				12. Geothermal: how many bores?			
2. Irrigation					a) Closed Loop			
3. ☐ Feedlot					b) Open Loop ☐ Surface Discharge ☐ Inj. of Water			
4. Industrial Recovery Injection					13. Other (specify):			
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:								
Water well disinfected?			G 1 G 1	i a romima e				
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded								
Casing diameter 2 in to 20 ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 6 in Weight lbs/ft. Wall thickness or gauge No. sch 40								
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 .20 ft. to .30 ft., From ft. to ft., From ft., From ft. to ft.								
GRAVEL PACK INTERVALS: From								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From								
Grout Intervals: From								
Nearest source of possible contamination:								
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage								
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well								
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well								
☐ Other (Specify) Direction from well? Distance from well? ft.								
10 FROM TO	LITHOLO	GIC LOG	FROM	TO LI	THO, LOG (cont.) or	PLUGGING INTERVALS		
	llack sitty clay							
5 25 L	ight Brown silty clay							
25 30 L	ight brown medium sand							
			-					
 			Natare					
			Notes:					
44 CONTRACTORIS OR A AND ON MEDIC CERTIFICATION TO THE CONTRACTOR OF THE CONTRACTOR								
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) 5/31/2019								
Kansas Water Well Contractor's License No. 710 This Water Well Record was completed on (no-thy-year) 06/26/2019 under the business name of Below Ground Surface, Inc.								
under the business name	e of pelow Glouing Sullat	oh constructed wall to: V	ancae Danartmant	of Health and	vironment Rureau of W	/ater GWTS Section		
Mail I 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. West us at http://www.kdboks.gov/yeaterwell/index.html KSA 82a-1212 Revised 7/10/2015								
Visit us at http://www.kdheks	s.gov/waterwell/index.html		KSA 82a-12	14		AND THOUGH // I U/ AU I U		

