WAIL	W MELT	RECORD	LOI II	1 44 44 C	ויוע כ	SIOII OI W	nei Keso	urces, App. No	· L	
1 LOC	ATION OI	WATER WELL:	Fraction SW 4	SW ¼	SW ¼	Section No	umber	Township N	umber S	Range Number
Distance	LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number County: McPherson SW ¼ SW ¼ SW ½ 22 T 19 S R 2 W County: Distance and direction from nearest town or city street address of well if County: Count									
located v	vitilin city?	103 E Hwy 36, Gaiv	a, KS 0/443					.57739 7.53742°		
2 WATER WELL OWNER: KDHE Elevation: RIM: 1544.62; TOC: 1544.24										
RR#, St. Address, Box # : 1000 SW Jackson Blvd City, State, ZIP Code : Topeka, KS 66612 Datum: WGS84 Datum: Odd WGS84 Data Collection Method: legal survey										
City,	State, ZIP (Code : Topek	a, KS 66612			Data Colle	ection M	fethod: legal	survey	
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 20.10 ft.										
1	ATON					MW17				
1	H AN "X"	IN Depth(s) Grou	ndwater Ence	ountered I			tt. 2		_tt. 3	<u> </u>
SEC	TION BOX									ay/yr 9/25/12
	N :	7 Pum	o test data:	well water	was	π.	aner	nour	s pumpi	ng gp
			gpm:	well water	Was Dublic wes	II.	anter	nour	s pumpi	ng gp
	W — NE -	1 1								
w	1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 0 Monitoring well									
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/da									f ves molday/yr	
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day Sample was submitted Water Well Disinfected? Yes No										
1 to										
5 1 YPI	ool	NG USED: 5	Ashastas C	on om ont	O Other (e	e tile maaifir bal	CA51	.NG JOIN 15:	Glued	Clamped
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 2 PVC 4 ABS 7 Fiberglass Threaded X										
PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 5.10 ft., Dia in. to ft., Dia in. to ft Casing height below land surface 0.38 ft., Weight lbs./ft. Wall thickness or gauge No.										
Coping height below lond surface 0.38 ft Weight The 10 II., DIA III. 10 II										
Casing height below land surface 0.38 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)										
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)										
INCREEN OR FERFORATION 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-PERFORATED INTERVALS: From 5.10 ft. to 20.10 ft. From ft. to ft										
SCREEN-PERFORATED INTERVALS: From 5.10 ft to 20.10 ft From 6.40										
BCICLLIA	-1 LIG OIC	TED INTERVALS.	From	3.10	ft. to	20.10	ft Fro	m	ft to	'
GF	AVFL PAG	CK INTERVALS:	From	3	ft to	20.40	ft Fro)m	ft to	,
0.2		ore in the control of	From		ft. to		ft. Fro	om	ft. to)1
6 CPO	IT MATE	DIAI. 1 Neet com	ant 2 Con	ant grout	(2) Ponto	aito (1	Other	Canapata	1 ft	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1 ft										
Grout Intervals From 1 ft. to 3 ft. From ft. to ft. From ft. to ft. From ft. to ft. What is the nearest source of possible contamination:										
	tic tank		nes 7 Pit pri	vv	0 Livestoo	k nens	13 Inse	cticide Storag	e	16 Other (specif
	ver lines	5 Cess pool		e lagoon (1				ndoned water		below)
3 Wa	tertight sew	er lines 6 Seepage p						well/ gas well		
Direction	from well?	SW		I	How many	feet? ~17	70 ft			
FROM	TO	LITHOI	OGIC LOG		FROM	TO		PLUGGIN	G INTE	RVALS
0	10	Black silty clay								
10	15	Brown to tan fine								
15	20.40	Brown fine to med	ium sand							
							Flushm	ount waiver	from B	OW
a control	D A CITO DA	CODIANDONS	Die CEDE	IEIO (MEO	NAL CELL					1 (6)
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) 10/11/12 and this record is true to the best of my knowledge and belief.										
under my jurisdiction and was completed on (mo/day/year) Kansas Water Well Contractor's License No. 757 10/11/12 and this record is tract of the best of my knowledge and belief. This Water Well Record was completed on (mo/day/year) 10/11/12										
under the business name of Larsen & Associates, Inc. by (signature)										
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Itea In and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one ISWATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.										
vour records.	Fee of \$5.00	for each constructed well	 Visit us at htt 	p://www.kdhe	ks.gov/water	well.				