WAIL	IX WELL	KECUKD	I OI III	1 11 11 0 2	D111	31011 01 44	ator recoo	urces; App. No.		
1 LOC	ATION OF V	WATER WELL: Reno	Fraction NW 4	NE 4	SW 4	Section N	umber	Township Nu	mber	Range Number
Distance	and direction	from nearest town	or chy stree	t address of	well II G	IODAI FO	simonni	, system (decim	nal degre	ees, min. of 4 digits)
located within city? 207 N Main St, Buhler, KS 67522 Latitude: N 38.13622° Longitude: W 97.77113°										
2 WATER WELL OWNER: KDHE Elevation: RIM: 1483.79; TOC: 1483.56										
RR#, St. Address, Box # : 1000 SW Jackson Blvd Datum: WGS84									50	
City	State ZIP Co.	de : Topeka	KS)11 G				1ethod: legal si	urvev	
3 LOC	ATE WELLS	S 4 DEPTH OF	COMPLE'	TED WEL	1 25 65	Juliu Coli	COLIOII IV	ft	ui voj	
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 25.65 ft. LOCATON MW4										
1		, D	1	4			Α ο			
1	H AN "X" IN	Depth(s) Groun	dwater Enco	ountered I			π. 2		n. 3	n.
SECT	WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. 3 WELL'S STATIC WATER LEVEL 18.00 ft. below land surface measured on mo/day/yr 7/3/13									
	N Pump test data: Well water was ft. after hours pumping gr									
		Est. Yield	gpm:	Well water	was	ft.	after	hours	pumpir	ng gpm
F'v	w		TO BE US	SED AS: 5	Public wat	ter supply	/ 8 Aii	r conditioning	11 In	ection well
		1								
W X E 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										
[s	SW - SE - We see that is larger to see the standard of the sta									
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										
	S	Sample was sub	mitted			\	water w	ell Disinfected	? Yes_	No <u>X</u>
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										
1 St	eel 3	RMP (SR) 6	Asbestos-Co	ement	9 Other (s	pecify be	elow)	,	Welded	i
(2) PY	VC 4	ABS 7	Fiberolass		, o mio: (o	p	,	,	Thread	:
Blank car	ing diameter	ABS 7 in. to	10.65 ft	Dia	i.			Dia	in 1	ναΑΑΑΑΑ
Carlo 1	sing diameter	1 6 10	10.05 11.	., Dia		1. 10	/6. 3V-1	Dia	III. I	.0
Casing height below land surface 0.23 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)										
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-PERFORATED INTERVALS: From 10.65 ft. to 25.65 ft. From ft. to ft.										
BCICLEIV	-i Liu Olai	LD INTERVALS.	From	10.05	ft. 10	23.03	ft. F10	ли 	# +-	т.
	AVEL DAGI	Z DITTEDIALO.	Гюш		11. 10	25.00	III. FIC)III	11. 10	ft.
Gr.	CAVEL PACI	K INTERVALS:	From	8	.π. ю	25.90	n. Fro	om	π. το	It.
			From		tt. to		_ ft. Fro	om	ft. to	ft.
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1 feet Grout Intervals From 1 ft. to 8 ft. From ft. to ft. From ft. to ft.										
Grout Inte	ervals Fro	m 1 ft. to	8 ft.	From	ft. 1	to	ft.	From		ft. to ft.
What is the nearest source of possible contamination:										
í	tic tank	4 Lateral lin		vv 1	0 Livestoo	k nens	13 Inse	cticide Storage		16 Other (specify
	ver lines	5 Cess pool			1) Fuel stor			ndoned water v		below)
ı		· lines 6 Seepage p						well/ gas well	VCII	ociow)
1	from well?		it 7 1 codyt		How many			won gas won	-	
							1			
FROM	TO		OGIC LOG		FROM	TO		PLUGGING	INTE	RVALS
0	25.90 B	Brown silty clay								
- MW 1										
										40000
							771			
					ļ		Flushm	ount waiver f	rom Bo	JW
F 00317	D. CTOS	A	D 10 CEDE	TELO: ETO						
		OR LANDOWNE				ater well v	vas (1) co	netrueted (2) rec	construc	ted, or (3) plugged
under my ji	urisdiction and	was completed on (m	io/day/year)		/13					owledge and belief.
		actor's License No.					ompleted	on (mo/day/year	r)7/2	43/13
		of Larsen & Assoc			by (signatu					
INSTRUCT	IONS: Please fi	Il in blanks or circle the	correct answer	rs. Send top th	ree copies to	Kansas De	partment d	Health and Envir	onment,	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 to 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.										
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