WAIL	K WELL K	ECORD	1 01 111	** ** ** **	Di	ribion of v	ato: Itob	ources; App. N			
1 LOC	ATION OF WA	ATER WELL:	Fraction SW 4	NE 4	SW 4	Section N	umber	Township 7 22	Number	Range Number R 4 W rees, min. of 4 digits	
Distance	and direction fr	om nearest town	or city street	address of	well if	Global Pos	sitioning	System (de	cimal degr	ees, min. of 4 digits	
located w	7thin city? 101 S	S Main St., Buhler	KS 67522			Latitude:	e. W 9'	7.77081°			
2 WAT	ER WELL OV	WNER: KDHE				Elevation	: KUM	: 1481.59; 1	OC: 1481	.20	
RR#, St. Address, Box # : 1000 SW Jackson Blvd						Datum: WGS84					
City,	State, ZIP Code	: Topeka				Data Coll	ection N	/lethod: lega	ıl survey		
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 24.85 ft.											
I .	ATON	D	Januarian Empa			MW16	<b>A</b> 2		<b>£</b> 2		
1	H AN "X" IN TION BOX:	Depth(s) Groun	awater Enco	i evei	16 00 f	t helow ls	nd surfa	ce measured	11. 3	ft. ay/yr <b>3/12/14</b>	
SECI	N	Pump	tect data. I	Vell water	10.50 1	fi	after	hou	irs numni	ng gpm	
<del>                                   </del>	<del>- 1</del> - 1	Est Yield	onm V	Well water	was	ft.	after	hou	ırs pumpi	ng gpm	
N	N	WELL WATER	R TO BE US	ED AS: 5	Public w	ater supply	v 8 Ai	r conditionin	ig 11 In	iection well	
1 1 1	1 ' 1	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
W 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10) Monitoring well											
- sw x + se -											
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day Sample was submitted Water Well Disinfected? Yes No										f yes, mo/day/yrs	
	S	Sample was sub	mitted				Water W	ell Disinfect	ed? 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 F	RMP (SR) 6	Asbestos-Ce	ment	Other (	specify be	elow)		Welde	1	
(2) PV	/C 4 A	ABS 7	Fiberglass						Thread	ed X	
Blank cas	ing diameter	2 in. to	9.85 ft.,	Dia		in. to	ft.,	Dia	in.	to ft.	
2 PVC 4 ABS 7 Fiberglass Threaded X  Blank casing diameter 2 in. to 9.85 ft., Dia in. to ft., Dia in. to ft.  Casing height below land surface 0.39 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)											
1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ARS 11 Other (specify)											
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											
1 Cc	ontinuous slot	Mill slot	5 Gauze	wrapped	7 Torc	h cut	9 Drille	ed holes	ll None	(open hole)	
SCREEN	-PFREORATE	A Key punched	From	0 85	o saw	24.85	ff Fr	r (specify)	ft to	f	
DOIGDEN	i Lia Olaii Li	DIVIDICTIDO.	From	7.05	ft. to	24.00	ft. Fro	om	ft. to	ft.	
GF	AVEL PACK	INTERVALS:	From	8	ft. to	25.30	ft. Fro	om	ft. to	ft.	
			From		ft. to		ft. Fro	om	ft. to	ft.	
From ft. to ft. From ft. to ft.  6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite (4)Other Concrete: 0-1 feet											
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.											
What is the nearest source of possible contamination:											
	tic tank	4 Lateral lin			0 Livesto			cticide Stora	_	16 Other (specify	
	ver lines	5 Cess pool		lagoon (1				ndoned water		below)	
	_	nes 6 Seepage pi	it 9 Feedya					well/ gas we			
	from well? NA			F	,	feet? NA	<u>,                                     </u>				
FROM	TO		OGIC LOG		FROM	TO		PLUGGI	NG INTE	RVALS	
0	25.30 Gra	avel on top; Brow	wn silty clay								
							Flushn	nount waive	r 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)  3/10/14 and this record is true to the lest of my knowledge and belief.											
		as completed on (m tor's License No.		This Wat	er Well Re	_ and this	ompleted	on (mo/day)	(ear) 3/	nowledge and belief. <b>18/14</b>	
		Larsen & Assoc			by (signat				)		
							partmen	of Health and Er	nvironment,	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 on the 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.											
, Jul 1000103.	7 20 01 03.00 101 0	won constitution well.	, ion do at mtp	IT IT ALLIE	and the truth			110			