

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number					
County Sedgwick		SW SE SE	16		T 26 S R 2 W						
Distance and direction from nearest town or city street address of well if located within city?				Global Positioning System (decimal degrees, min. of 4 digits)							
336 W. Chicago (Formerly 100 E. Chicago) Colwich KS				Latitude: N 37.77956°							
2 WATER WELL OWNER: KDHE				Longitude: W 97.53991°							
RR#, St. Address. Box # : 1000 SW Jackson Ste 410				Elevation: RIM: 1384.81; TOC: 1384.47							
City, State, ZIP Code : Topeka, KS 66612-1367				Datum: above mean sea level							
				Data Collection Method: legal survey							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 30 ft.										
N W ——— NW — NE — S ——— SW — SE — X	MW4										
Depth(s) Groundwater Encountered _____ ft. 2 _____ ft. 3 _____ ft.											
WELL'S STATIC WATER LEVEL 22.53 ft. below land surface measured on mo/day/yr 11/4/09											
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm											
Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm											
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)											
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10) Monitoring well											
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yrs _____											
Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>											
5 TYPE OF CASING USED:											
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Concrete tile Casing Joints: Glued _____ Clamped _____											
(2) PVC 4 ABS 7 Fiberglass Welded _____ Threaded _____ <u>X</u>											
Blank casing diameter 2 in. to 15 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.											
Casing height below land surface .34 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)											
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 15 ft. to 30 ft. From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From 13 ft. to 30 ft. From _____ ft. to _____ ft.											
From _____ ft. to _____ ft.											
6 GROUT MATERIAL: 1 Neat cement (2) Cement grout (3) Bentonite (4) Other Concrete: 0-2 ft											
Grout Intervals From 2 ft. to 11 ft. From 11 ft. to 13 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 below)											
2 Sewer lines 5 Cess pool 8 Sewage lagoon (11) Fuel storage 14 Abandoned water well											
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well											
Direction from well? SE How many feet? ~80 ft											
FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
0		0.5		Grass, topsoil							
0.5		3		Brown silt with clay and fine to coarse sand							
3		4		Brown silty clay, stiff, moderate plasticity							
4		16		Brown silty clay with very fine sand, low plasticity							
16		33		Tan, fine to coarse sand							
Flushmount waiver from BOW											
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) 11/3/09 and this record is true to the best of my knowledge and belief											
Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 12/3/09											
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 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.											