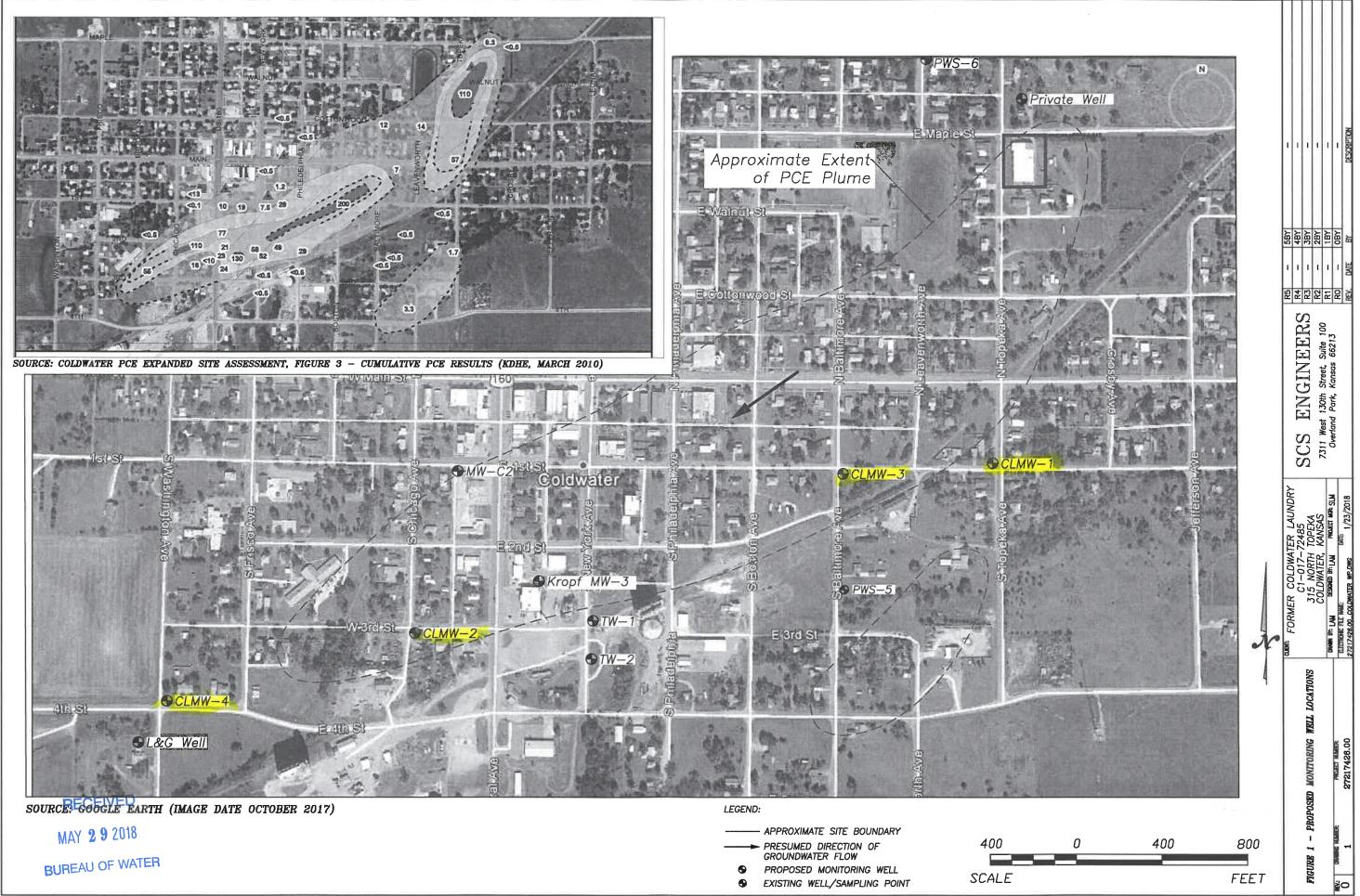
		<b>RECORD</b>	Form V					sion of Water arces App. No			CLMW1		
Original Record     Correction     Change in Well Use       1     LOCATION OF WATER WELL:     Fraction								ion Number			inge Number		
County	y: Coman	che		SE 1/4 NE 1/4	SE '			7	Т 32	S R	18 <u>⊓</u> E∎W		
		Last Name: KD	HE-BER	First:					where well is locat				
Address: 1000 SW Jackson								irection from nearest town or intersection): If at owner's address, check here:					
Address:							Northwest corner of intersection of E. 1st St and S. Topeka Ave n Coldwater, KS						
City: 3 LOCAT	Topeka		State: KS	ZIP: 66612									
S LOCAT WITH "				IPLETED W				5 Latitu	de:	894	(decimal degrees)		
	SECTION BOX: N Depth(s) Groundwater Encountered: 1) 2)												
				ATER LEVEL: ft.					Horizontal Datum: WGS 84 INAD 83 INAD 27 Source for Latitude/Longitude:				
	below I	below land surface, measured on (mo-day-yr)						PS (unit make/mode					
NW	NE	🔲 above l	□ above land surface, measured on (mo-day-yr						(WAAS enabled?				
			Pump test data: Well water was ft.					Land Survey Topographic Map					
			after hours pumping g Well water was ft.				Online Mapper:						
			hours pumping g				6 Elevation: 2106.56 Ground Level						
		Estimated Y	Estimated Yield:gpm				and Source: Land Survey $\Box$ GPS $\Box$ Topographic M			Id Level 11 TOC			
1 r	S milel	Bore Hole I	Bore Hole Diameter:										
		TO BE USED			•••••								
7 WELL WATER TO BE USED AS:     1. Domestic:   5. □ Public Water Supply: well ID     10. □ Oil Field Water Supply: lease													
_	Household 6. Dewatering: how many wells?						11. Test Hole: well ID						
	Lawn & Garden 7. □ Aquifer Recharge: well ID   Livestock 8. ■ Monitoring: well ID						Image: Cased   □ Uncased   □ Geotechnical     12. Geothermal: how many bores?						
☐ Liveste 2. ☐ Irrigati													
3. G Feedlo							· · · · · · · · · · · · · · · · · · ·						
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? 🗌 Yes 🔳 No													
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded													
Casing diameter													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
☐ Steel		tainless Steel			PVC			□ Oth	er (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)													
		Mill Slot	hed □W	ire Wrapped		aw Cut		one (Onen Ho	le)	•••••			
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From .50 ft. to .70 ft., From ft., From ft., From ft. to ft. to ft. to													
GRAVEL PACK INTERVALS: From													
9 GROUT MATERIAL: □ Neat cement □ Cement grout ■ Bentonite □ Other													
Grout Intervals: From ft. to													
Septic			Lateral Line	s 🗆 Pit	Privv		ПІ	Livestock Per	us 🗆 Inse	ecticide Storag	re		
Sewer	Lines		Cess Pool	🗆 Sev	wage L	agoon		Fuel Storage		indoned Wate			
🗋 Watertight Sewer Lines 📄 Seepage Pit 📄 Feedyard 📄 Fertilizer Storage 📄 Oil Well/Gas Well													
□ Other (Specify) Direction from well? N/NW													
10 FROM	TO		LITHOLO			FR			LITHO. LOG (cont		NGINTERVALS		
0	0.5	Top Soil								) of Le GGL			
0.5	2.5	Silt, sandy, b	prown										
2.5	5		and, coarse some grvi										
5 7	7		sypsum and sand, it. tan										
	15.5		Sand, coarse some silt										
15.5 50	50		lay, sandy, It brn			Mat	Notes:						
53	53 70	Gravel	and some silt, dk brnish grey to brown				110103.						
70 TD													
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) 4-9-2018 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585													
Kansas Wa	ter Well C	ontractor's Lic	ense No. S ated Envir	onmental In	this W	ater We		ord was com	pleted on mo-na	y-year) 5-9-	2018		
Mail	1 white copy	along with a fee of	\$5.00 for eac	h constructed we	ll to: Ka	ansas Depa	rtment of	of Health and H	Environment, Bureau o	f Water, GWTS	Section		
1000	Mail 1 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.												
	Visit us at http://www.kdheks.gov/waterweil/index.html KSA 82a-1212 Revised 7/10/2015												

Comanche

7-32-18W



MAY <b>29</b> 2018	
BUREAU OF WATER	