| WATER WELL R | | Form \ | | | rision of Wate | i i | | MW10 | |
|---|--|------------------------|---------------------|----------------|------------------------|--|--------------|-------------------|--|
| Original Record | Correction | Chang | e in Well Use | | ources App. N | | Well ID | | |
| 1 LOCATION OF W | ATER WEI | LL: | Fraction | | tion Numbe | | | ige Number | |
| County: Harper | | | NE' NE' NW' | | 12 | T 32 S | | □E ■ W | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | | | |
| Business: KDHE BER direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | |
| Address: 1000 SW Jackson Address: STE 410 117 W. 14th St., Harper, KS | | | | | | | | | |
| City: Topeka | | State: KS | ZIP: 66612-1367 | East side o | property n | ear alley in parking | area | | |
| 3 LOCATE WELL | 4 DEPTH | LOE COM | IPLETED WELL: | 30 A | 5 I atitu | ıde: 37.2820 | 35 | (desimal decrees) | |
| WITH "X" IN | Depth(s) Gr | oundwater | Encountered: 1)2 | яу 11 3 - А | . 5 Launi | tude: 98.026 | :: 366 | (decimal degrees) | |
| SECTION BOX: | | | 3) ft., or 4) [| | Horizo | ontal Datum: DWGS 8 | MAD | 83 NAD 27 | |
| N | WELL'S STATIC WATER LEVEL:23.35 ft. Source for Latitude/Longitude: | | | | | | | | |
| | below land surface, measured on (mo-day-yr)10-25-16. | | | | | | |) | |
| NWNE | NW NE above land surface, measured on (mo-day-yr) | | | | | (WAAS enabled? ☐ Yes ☐ No) | | | |
| | Pump test data: Well water was | | | | | ■ Land Survey ☐ Topographic Map | | | |
| W | after hours pumping gpm Well water was ft. | | | | | ☐ Online Mapper: | | | |
| SWSE | | | | | | | | | |
| | Estimated Yield onm | | | | 6 Eleva | 6 Elevation: 1421.20ft. ☐ Ground Level ■ TOC | | | |
| S | Bore Hole Diameter:8.5 in. to30 ft. and | | | | | Source: Land Survey GPS Topographic Map | | | |
| 1 mile in. to ft. Uther | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | | |
| 1. Domestic: | | | ter Supply: well ID | | | | | | |
| ☐ Household 6. ☐ Dewatering: how many wells? | | | | | 11. Test Hole: well ID | | | | |
| Livestock | <u> </u> | | | | | 12. Geothermal: how many bores? | | | |
| 2. Irrigation 9. Environmental Remediation: well ID | | | | | a) Closed Loop | | | | |
| 3. Feedlot | | Air Sparge | E ☐ Soil Vapor I | | b) Op | oen Loop 🔲 Surface D | ischarge 🔲 | Inj. of Water | |
| 4. Industrial | | Recovery | ☐ Injection | | 13. 🔲 Ot | her (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 diameter | | | | | | | | | |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No. SCH.40 | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: □ Steel □ Fiberglass PVC □ Other (Specify) | | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify) | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | |
| ☐ Continuous Slot ■ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | | |
| ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 20 ft. to 30 ft., From ft. to ft., From ft., From ft., From ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| Nearest source of possible | e contaminati | on: starol I in a | s 🔲 Pit Privy | | Livertock De | ns 🗆 Ingesti | oida Storaga | | |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well | | | | | | | | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well | | | | | | | | | |
| Other (Specify) | | | | | | _ | | | |
| Direction from well? | | | | | | | | | |
| 10 FROM TO | | ITHOLOG | GIC LOG | FROM | TO | LITHO. LOG (cont.) o | r PLUGGIN | G INTERVALS | |
| | Concrete | | | | | | | | |
| 0.5 30 5 | Silty Clay (C | L), brown | trace gravel | | | | | | |
| | | | | | | | | | |
| | | | | - | | | • | | |
| | | | | | | | | | |
| | | | | Notes: | | | | | |
| 110165. | | | | | | | | | |
| | | | | - | | | | | |
| 11 CONTRACTOR'S | OR LANDO | WNFR'S | CERTIFICATION | : This water | r well was | constructed. | onstructed | or plugged | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year) .10/10/16 | | | | | | | | | |
| Kansas Water Well Contractor's License No. 285. This Water Well Record was completed and the day year 125. | | | | | | | | | |
| under the business name of Associated Environmental, Inc. Signature | | | | | | | | | |
| 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.kdhcks | | | | KSA 82a-12 | | | | 7/10/2015 | |

