WATER	K WELL	RECORD	Forn	a wwc-s	• Divis	sion of Wa	ter Reso	urces; App. No.		
1 LOCATION OF WATER WELL: County: Pottawatomie			NE ¼	NW ¼	SW ¼	10		Township Number T 10 S	R 12 E	
Distance and direction from nearest town or city street address of well if located within city? 411 Bertrand Ave, St. Mary's, KS 66536 Latitude: N 39.19343										
Longitude: W 96.06892 2 WATER WELL OWNER: KDHE (Bernies Self Service) Elevation: 951.64 RIM, 951.03 TOC										
RR# S	t. Address	Box # : 1000 S	W Jackson			nevation. Datum:	tum: WGS 84			
City, St	tate, ZIP C	ode : Topeka	KS, 66612	2	Ī	Data Collection Method: legal survey				
3 LOCA	TE WELI	'S 4 DEPTH OF	COMPLE	TED WEL	L 36			ft.		
LOCATON AS4										
	AN "X" I	N Depth(s) Groun	dwater End	ountered 1			ft. 2	ft. 3	ft.	
	ON BOX:	WELL'S STAT	TC WATE	R LEVEL	20.93 ft.	below la	nd surfa	ft. 3 ace measured on mo/d	av/vr 3/9/10	
SECT	N	Pumr	test data:	Well water	was	ft.	after	hours nump	ing gnm	
		Tet Vield	onm.	Well water	was	ft	after	hours pump	ing gnm	
Li	/NE		TO BE II	SED AS: 5	Public wat	er sunnly	R Δi	r conditioning \ I	niection well	
		1 Domestic 3	Feed lot	6 Oil field	water cumpl	or subbilit	0 Dew	aterina 12 Oth	er (Specify below)	
w - v 	 	E Domestic 3	Industrial	7 Domestic	Water suppr	y orden) 1	O Mon	atering 12 Oth	Air Sparge	
1 1 !		2 Imgation 4	illuusu lai	/ Domestic	(lawii & ga	aruen)	IO IVIOII	normg wen	Air Sparge	
sw		W/os a shamios	/h-a-t-mi-ala	aiaal samul	a anhamistad	to Domor		Vac Na V .	If was madday/sma	
ا ا	s	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								
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped										
1 Ste	1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded									
(2)PVC 4 ABS 7 Fiberglass Threaded X										
Blank casing diameter 2 in to 36 ft. Dia in to ft. Dia in to ft										
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 36 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 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 ABS 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)										
1 Continuous slot (3)Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)										
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 32.5 ft. to 35 ft. From ft. to ft.										
SCREEN-PERFORATED INTERVALS: From 32.5 ft. to 35 ft. From ft. to ft.										
Γ rom Γ to Γ to Γ										
GRAVEL PACK INTERVALS: From 30.5 ft. to 36 ft. From ft. to ft										
From ft. to ft. From ft. to ft.										
6 GROUT MATERIAL: 1 Neat cemen Bentonite 3 Coated Bentonite Other Soil: 0-4 ft										
Grout Intervals From 4 ft. to 26.5 ft. From 26.5 ft. to 30.5 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										
	er lines	5 Cess pool						andoned water well	below)	
2 Sewer lines 5 Cess pool 8 Sewage lagoon (1) Fuel storage 14 Abandoned water well below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well										
Direction 1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	How many	_		WOLD BUD WOLL		
			001010					X X TO X A C 1 C	T 0.0	
FROM	TO		LOGIC LO	J .	FROM	TO		LITHOLOGIC	LUG	
0	0.3	Concrete								
12	12 13.5	Black clay with silt Gray silt with trace cla	v		-					
13.5	16	Gray silt with trace cia								
16	20	Gray silt with abundan					-			
20	36	Gray fine sand	· HIIC SAIIU							
							Flushme	ount 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) and this record is true to the best of my knowledge and belief.										
		tractor's License No.					omplete	d op (mo/day/year)3	/25/10	
1		of Larsen & Asso			_ by (signatu					
INSTRUCT	IONS: Please	fill in blanks or circle th	e correct answ	ers. Send top	three copies to	Kansas De	partment	of Health and Environmen	t, Bureau of Water,	
Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send out 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.										
your records.	ree 01 \$3.00	Tor cacir constructed wel	i. visit us at I	mp.//www.kdr	icks.gov/water	W C11.		4		