| WAIER WELL R | ECORD | FOLI | n wwc-5 | | | | rces; App. No. | |
|--|------------------------|------------------|----------------|--------------|-----------|----------|------------------------------|--------------------|
| 1 LOCATION OF W | ATER WELL: | Fraction NE 4 | NW % S | SW 1/4 Se | ction Nu | mber | Township Number | Range Number |
| County: Pottawatomie NE ½ NW ½ SW ½ 10 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 39.19354 | | | | | | | | |
| Longitude: W 96.06879 | | | | | | | | |
| 2 WATER WELL OWNER: KDHE (Bernies Self Service) Elevation: 952.86 RIM, 952.23 TOC | | | | | | | | |
| City, State, ZIP Code : Topeka, KS, 66612 Data Collection Method: legal survey | | | | | | | | |
| | | | | | | | | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 25 ft. SVE4 | | | | | | | | |
| WITH AN "X" IN | Depth(s) Group | dwater En | countered 1 | | | ft 2 | ft 3 | A I |
| SECTION BOX: | WELL'S STAT | CIC WATE | PIEVEL | 1139 A | alow lar | d curfac | ft. 3 ce measured on mo/d | lay/yr 3/0/10 |
| SECTION BOX. | Pum | toot doto | Wall water v | 21.30 11. | Delow lai | after | hours numn | ing 3/9/10 |
| | Fuint | test data. | Well water v | vas | II. | anter | hours pump | inggpm |
| | Est. Yield | gpm: | well water v | vas | π. | aπer | hours pump | ing gpm |
| I NW NE | WELL WATE | K TO BE C | SED AS: 5 I | Public water | r supply | 8 Air | conditioning In | njection well |
| w x | F Domestic 3 | Feed lot | 6 Oil field w | ater supply | 1 | 9 Dewa | tering (12 00th | er (Specify below) |
| W X E 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Air Sparge | | | | | | | | |
| -sw sE | | | | | | | | |
| | Was a chemica | l/bacteriolo | gical sample: | submitted 1 | o Depart | ment? | Yes No X ; | If yes, mo/day/yrs |
| S | Sample was su | bmitted | | | V | Vater We | ell Disinfected? Yes | No X |
| 5 TYPE OF CASING HISED. 5 Wrought Iron 8 Concrete tile CASING IOINTS: Glued Clamped | | | | | | | | |
| 1 Steel 2 DATE (CD) 6 Ashertes Coment 0 Other (cmarks 1-1-1-1) | | | | | | | | |
| 1 Steel 3 | ADO 7 | Aspesios- | Cement 9 | Outer (sp | ecity be | iow) | Weite | 7U 1. 1 57 |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded (2) PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 4 in. to 10 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface ft., Weight lbs./ft. Wall thickness or gauge No. | | | | | | | | |
| Blank casing diameter | 4 in. to | 10 | 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) | | | | | | | | |
| ASCREEN 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 10 ft. to 25 ft. From ft. to ft. | | | | | | | | |
| SCREEN-PERFORATI | EDINIERVALS | rrom - | 10 | π. το | | n. Fro | om It. 1 | .o n. |
| | | From | | ft. to | | ft. Fro | om ft. 1 | to It. |
| GRAVEL PACK | INTERVALS: | From | 8 | ft. to | 25 | ft. Fro | om ft. t | to ft. |
| | | From | | ft. to | | ft. Fro | om ft. t | 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 8 ft. From ft. to 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 | | | | | | | | |
| | | | | | | | | |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon (11) 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 from well? SW How many feet? ~45 ft | | | | | | | | |
| FROM TO | LITHO | LOGIC LO | G | FROM | TO | | LITHOLOGIC | LOG |
| 0 4 G | ravel and gray brow | n clay with si | lt, stiff | | | | | |
| | ray brown clay with | | | | | | | |
| 8 12 G | ray brown clay with | increasing sil | t, stiff | | | | | |
| | ay with abundant sil | | | | | | | |
| 16 24 G | ray silt with fine san | d | | | | | | |
| 24 36 G | ray fine sand | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | Flushmo | unt waiver from BOW | |
| - COVER : CTCT: | OD I INDOV | EDIC CET | myray C + my C | NI COLL | | | | |
| 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) Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 3/25/10 3/2/10 and this record is true to the best of my knowledge and belief. This Water Well Record was completed on (mo/day/year) 3/25/10 | | | | | | | | |
| | | | | | | ompletec | (mo/day/year) | 0/43/10 |
| under the business name o | | | | by (signatu | | KT. | | • |
| 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. | | | | | | | | |