WATER WELL RECORD			Form WWC-5			Division of Water Resources; App. No.				
1 LOCA		WATER WELL: tawatomie	Fraction NW 4	SE 4	SW ¼	Section 1	Number 1	Township Number	Range Number R 12 E	
County: Pottawatomie NW ½ SE ½ SW ½ 10 T 10 S R 12 E Distance and direction from nearest town or city street address of well if Global Positioning System (decimal degrees, min. of 4 digits)										
located within city? 510 W Palmer, St. Mary's Latitude: N 39.19095°										
Longitude: W 96.06700°										
2 WATER WELL OWNER: KDHE BER							Elevation: RIM: 955.50; TOC: 955.12			
RR#, St. Address, Box # : 1000 SW Jackson City, State, ZIP Code : Topeka, KS 66612						Datum: above mean sea level Data Collection Method: legal survey				
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 45 ft.										
LOCA		JU PELLINOI	COMIL	ELED WE	1111 <u>43</u>	MW201)	11.		
1	I AN "X" I	N Depth(s) Groun	ıdwater En	countered 1	1	171 77 201	ft. 2	ft. 3	ft	
1	ION BOX	WELL'S STA	TIC WATE	ER LEVEL	20.41	ft. below	land surfa	ice measured on mo/o	lav/vr 1/27/11	
SECTION BOX: WELL'S STATIC WATER LEVEL 20.41 ft. below land surface measured on mo/day/yr 1/27/1 Pump test data: Well water was ft. after hours pumping									ing onm	
Est. Yield gpm: Well water was ft. after hours pumping gp										
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)										
W E 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10) Monitoring well										
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs										
S Sample was submitted Water Well Disinfected? Ves No V										
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded (2) PVC 4 APS 7 Fiberplace 7 Fiber										
1 Ste	eel	3 RMP (SR) 6	Asbestos-	Cement	9 Othe	(specify b	pelow)	Welde	ed	
(2)PV	/C	4 ABS 7	Fiberglass			(1)	,	Threa	ded X	
(2) PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 35 ft., Dia in. to ft., Dia in. to									. to ft.	
Casing height below land surface 0.38 tt., Weight lbs./ft. Wall thickness or gauge No.										
TYVDE OF CODEEN OD DEDEOD ATION MATEDIAL.										
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)										
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)										
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 35 ft. to 45 ft. From ft. to ft.										
SCREEN-	-PERFORA	TED INTERVALS:	From	35	ft. to	45	ft. Fr	om ft. 1	to ft.	
			From		ft. to		ft. Fr	om ft. (to ft.	
From ft. to ft. From ft. to GRAVEL PACK INTERVALS: From 33 ft. to 45 ft. From ft. to								to ft.		
From ft. to ft. From ft. to ft.										
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1 ft.; Coated Bentonite:								d Bentonite: 30.5-33 ft		
Grout Inte	ervals F	rom 1 ft. to	30.5 ft	t. From	1	t. 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										
	ver lines	5 Cess pool		age lagoon				andoned water well	below)	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard Direction from well? NA 12 Fertilizer storage 15 Oil well/ gas well How many feet? NA										
					-		NA.			
FROM	TO		LOGIC LO)G	FRO	M TO		PLUGGING INT	ERVALS	
8	8	Clay, soft Sand, fine, tan, mo	int							
15	15 44	Sand, fine, tan, mo								
44	45	Shale	ist to wet							
							Fluche	nount waiver from	ROW	
							Flushi	nount warver from	BOW	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (Dispersional Constructed, or (3) plugged										
under my jurisdiction and was completed on (mo/day/year) and this record is true to the lest of my knowledge and belief.										
		ntractor's License No.					s complete	on (mo/doy/year)	2/22/11	
1		e of Larsen & Asso			by (sign		_ k	Y	•	
INSTRUCT	TIONS: Pleas	e fill in blanks or circle th	Foneka Kana	wers. Send to	p three copie	s to Kansas	Department	WATER WELLOW	nt, Bureau of Water,	
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 on 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.										