LOCATION OF WATER WELL:	WATER WE		Form WWC-5 Sec	KSA 82a- ction Number	Township I	Number	Range N	umber
ounty: Shawnee	SE 1/4	NE ¼ SE	i	23	T 11		R 15	E/M/
istance and direction from nearest to				23		. .	1 11 13	
Lower Silver Lake &	•							
	y of Topeka; De						· · · · · · · · · · · · · · · · · · ·	
	y of topeka; De S.E. 7th	ept. or Pub	TIC WOLK	s	Board of	Agriculture.	Division of Wate	r Besource
213	s.E. /tn eka. Kansas 666	503				n Number:		
LOCATE WELL'S LOCATION WITH							-	
AN "X" IN SECTION BOX:	Depth(s) Groundwater							
	WELL'S STATIC WAT							
		data: Well water						
NW NE	Est. Yield							
. ! !	Bore Hole Diameter							
W 1 1 1	WELL WATER TO BE		5 Public wate		Ru		Injection well	
	1 Domestic		6 Oil field wa	tor supply	Dewatering	9	Other (Specify)	holow)
SW SE -X	2 Irrigation			ter supply	Dewatening Observation w	W الم		
	Was a chemical/bacter		-	-				
	mitted	lological sample s	ubitilitied to Di	=	er Well Disinfect	=	X No	hie was su
TYPE OF BLANK CASING USED:		rought iron	8 Concre				d Clamp	ned .
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (sbestos-Cement		(specify below			ed Clariip	
PVC 4 ABS	·	berglass			,		aded	
llank casing diameter 4								
Casing height above land surface								
YPE OF SCREEN OR PERFORATION			7 PV			bestos-ceme		
1 Steel Stainle		berglass		MP (SR)			····	
		oncrete tile	9 AB			one used (op		
CREEN OR PERFORATION OPENI			ed wrapped		8 Saw cut	(11 None (ope	n hole)
1 Continuous slot 3	Mill slot		vrapped		9 Drilled holes	•	(-p-	,
2 Louvered shutter 4	Key punched	7 Torch			10 Other (speci			
CREEN-PERFORATED INTERVALS	· · ·	ft. to	45					
	From							
GRAVEL PACK INTERVALS	_							
							ю.	
GROUT MATERIAL: 1 Neat	t cement 2Cer	ment grout	3 Bento	nite 4 (Other			
From 0	ft. to 3 ·	ft., From	ft.	to	ft., From .	.	ft. to	
What is the nearest source of possible	e contamination:			10 Liveste	ock pens	14 A	bandoned water	r well
1 Septic tank 4 Late	eral lines	7 Pit privy		11 Fuel s	torage	15 C	il well/Gas well	
2 Sewer lines 5 Cess pool 8 Sewage		8 Sewage lago	n 12 Fertilizer storage 16 Other (specify below)			low)		
3 Watertight sewer lines 6 See	page pit	9 Feedyard		13 Insect	cide storage			
Direction from well? all arou				How man	y feet? 10			
FROM TO	LITHOLOGIC LOG		FROM	то		LITHOLOG	IC LOG	
0.0 2.0 Topsoil			1					
2.0 10.0 Brown s:			1					
	to coarse sand,	trace fine	s					
			+					
and grav	dium-coarse sand							
22.0 42.0 Gray med			1					
22.0 42.0 Gray med fine sar	nd & gravel							
22.0 42.0 Gray med fine sar 42.0 44.0 Gray sha	nd & gravel ale							
22.0 42.0 Gray med fine sar 22.0 44.0 Gray sha								
22.0 42.0 Gray med fine sar 22.0 44.0 Gray sha								
22.0 42.0 Gray med fine sar 22.0 44.0 Gray sha								
22.0 42.0 Gray med fine sar 22.0 44.0 Gray sha								
22.0 42.0 Gray med fine sar 42.0 44.0 Gray sha								
22.0 42.0 Gray med fine sar 42.0 44.0 Gray sha								
22.0 42.0 Gray med fine sar 42.0 44.0 Gray sha					•			
22.0 42.0 Gray med fine sar 42.0 44.0 Gray sha 44.0 Total Depth	ale				•			
22.0 42.0 Gray med fine sar 42.0 44.0 Gray sha 44.0 Total Depth CONTRACTOR'S OR LANDOWNE	ale ER'S CERTIFICATION: 1	his water well wa	as 1) constru	cted, (2) recoi	nstructed, or (3)	plugged und	der my jurisdictio	on and wa
22.0 42.0 Gray med fine sar 42.0 44.0 Gray sha 44.0 Total Depth CONTRACTOR'S OR LANDOWNED CONTR	ER'S CERTIFICATION: T	his water well wa		and this recor	d is truette the b	est of my	owledge and be	on and wa
22.0 42.0 Gray med fine sar 2.0 44.0 Gray sha 4.0 Total Depth CONTRACTOR'S OR LANDOWNE completed on (mo/day/year)	ER'S CERTIFICATION: T	This water well wa		and this recor as completed o	d is truetto the b	est of my 2/1	owledge and be	on and wa
fine sar 2.0 44.0 Gray med fine sar 2.0 44.0 Gray sha 4.0 Total Depth CONTRACTOR'S OR LANDOWNE completed on (mo/day/year)' cater Well Contractor's License No. ander the business name of Lay	ER'S CERTIFICATION: T 2.102 ne-Western Compa	This water well wa /10/85 This Water Wany, Inc.	ell Record wa	and this recorns completed of by (signate	d is true to the b n (no day/y)	est of my 27	owledge and be	lief. Kansa
2.0 42.0 Gray med fine sar 2.0 44.0 Gray sha 4.0 Total Depth CONTRACTOR'S OR LANDOWNE mpleted on (mo/day/year) ater Well Contractor's License No.	ER'S CERTIFICATION: T 2XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	This water well wa /10/85 This Water Wany, Inc.	ell Record wa	and this recorns completed of by (signate by Please fill in	d is truet a the b n (mo/stay/y) . ure) blanks, underlin	est of my 2/1	owledge and be	lief. Kansa