| | | ELL RECORD Form | WWC-5 | Divis | ion of Wa | ter Resour | rces: App. No |). | |
|--|--|--|---------------------------------------|-----------------|------------|------------|----------------|--------------|---------------------|
| | | NOF WATER WELL: Fraction Wyandotte SE 1/4 | SW ta S | SE | | | | | Range Number |
| County | e and d | irection from nearest town or city street | address of v | vell if Gl | hal Posi | tioning 9 | System (dec | imal degr | R 23 E |
| Distance and direction from nearest town or city street address of well if located within city? 10527 Kaw Drive, Edwardsville, KS 66111 Latitude: NA | | | | | | | | | |
| | | | | | ongitude: | | | | |
| | | VELL OWNER: KDHE (New Wav | | _ | levation: | TOC: | 785.81; RIN | 1: 786.07 | 1 |
| KK# | State | ddress, Box # : 1000 SW Jackson ZIP Code : Topeka, KS 66612 | | l D | atum: | above | mean sea le | vel | |
| 3 LOC | CATE | WELL'S 4 DEPTH OF COMPLE | TED WELL | 53.5 | | | thod: legal | survey | |
| 1 | CATO | l l | LED WELL | | MW8 | | 11. | | |
| 1 | | "X" IN Depth(s) Groundwater Enco | ountered l | | *** *** ** | ft. 2 | | ft. 3 | fi |
| | | "X" IN Depth(s) Groundwater Enco | LEVEL 4 | 4.63 ft. | below lan | nd surface | e measured | on mo/da | ay/yr 12/22/09 |
| | Ν | Pump test data: | Well water w | as | ft. a | after | hour | s pumpi | ng gpm |
| | Ī | Est. Yield gpm: | Well water w | as | ft. a | after | hour | s pumpi | ng gpm |
| Pump test data: Well water was ft. after hours pumping Est. Yield gpm: Well water was ft. after hours pumping WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | | | jection well | |
| ١,,, ١ | W 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | | |
| ** | | | | | | | | | |
| -: | sw | - SE | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs | | | | | | | | | |
| S Sample was submitted Water Well Disinfected? Yes No X | | | | | | | | | |
| 5 TYI | PE OF | CASING USED: 5 Wrought Iro | on 8 | Concrete | tile | CASIN | IG JOINTS | Glued | Clamped |
| 1 5 | Steel | 3 RMP (SR) 6 Asbestos-Ce | ement 9 | Other (sp | ecify bel | ow) | | Welde | d |
| (2) | PVC | 4 ABS 7 Fiberglass | | | | | | Thread | ed X |
| 2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 33.5 ft., Dia in. to ft., Dia in. to ft. | | | | | | | | | |
| Casing height below land surface 0.26 ft., Weight lbs./ft. Wall thickness or gauge No. | | | | | | | | | |
| Casing height below land surface 0.26 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) 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | | | | | | | |
| 1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify) | | | | | | | | | |
| (NORTH NOR 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) | | | | | | | | | |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 33.5 ft. to 53.5 ft. From ft. to ft. From ft. to ft. From ft. to ft. | | | | | | | | π. | |
| | DAYE | From | | π. το | = | π. Fron | n | π. tc | π. |
| GRAVEL PACK INTERVALS: From 31 ft. to | | | | | | ft From | 11 n | ft. tc |) |
| | | | | 11. 10 | | 11. 1101 | 11 | 11. 10 | , |
| From ft. to ft. From ft. to ft. From ft. to ft. GROUT MATERIAL: 1 Neat cement Cement grout General Grout Intervals From 2 ft. to 29 ft. From 29 ft. to 31 ft. From ft. to ft. | | | | | | | | | |
| Grout Intervals From 2 ft. to 29 ft. From 29 ft. to 31 ft. From ft. to ft. What is the nearest source of possible contamination: | | | | | | | | | |
| | tne ne: eptic ta | • | | Livestoc | z nenc | 13 Insect | ticide Stora | œ. | 16 Other (specify |
| | | | | Fuel stor | | | doned water | | below) |
| 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? NE How many feet? ~100ft | | | | | | | | | |
| FROM | ТО | LITHOLOGIC LOG | | FROM | TO | | LITHO | LOGIC | LOG |
| 0 | 1 | Topsoil and fill material | · · · · · · · · · · · · · · · · · · · | 1 KOW | 1 | | | <u> </u> | 200 |
| 1 | 5 | Fill material with silty clay, brick, and shale | | | | | | | |
| 5 | 10 | Brown silty clay | | | | | | | |
| 10 | 15 | Brown silty clay with increasing silt | | | | | | | |
| 15 40 | 40 | Light brown silt with trace fine sand Light brown silt with increasing fine sand | | | | | | | |
| 40 | 1 40 | Light brown siit with increasing the sailu | | | | | | | |
| l | | | | | | | | | |
| | | | | | | Flushmou | nt waiver from | n BOW | |
| 7 000 | TDAG | TODIC OD I ANDOWNEDIC CED | TEICATION | J. This | 1.00 | (1) | atmusted (2) | ranceste | atad ar (2) mlusand |
| 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) 12/21-22/09 and this record is true_10, the best of my knowledge and belief. | | | | | | | | | |
| | | 'ell Contractor's License No. 757 | | | | | my(me/day/y | | |
| | | ss name of Larsen & Associates. Inc. | | oy (signatur | | | | | |
| 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 785-296-3522. Send onesto 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.