532	13193		F W	W.C. 5					
		LL RECORD	Form W	WC-5			r Resources App. N		
1		OF WATER WELL: Geary	Fraction	=		ion Number 35	Township No.	Range Number	
	nty:	Address of Well Location;	1/4 SW 1/4 NE				T 11 S	R 5 NE W	
					Global Positioning System (GPS) information: 39.048574 (in decimal degrees)				
from nearest town or intersection: If at owner's address, check here Latitude: 39.048574 (in decimal degree from Junction City water plant, follow road around north side of plant and back east Longitude: -96.836581 (in decimal degree)								(in decimal degrees)	
From Junction City water plant, follow road around north side of plant and back east to river. Road turns southeast and follow along river. Located on northwest side. Longitude: -96.836581 (in decimal deci								(in decimal degrees)	
					- Elev	ation:	4, ⊠ NAD 83, □	1 NAD 27	
2 WATER WELL OWNER: City of Junction City						Collection Method:			
RR#, Street Address, Box #: 700 N. Jefferson St.						GPS unit (Make/Model: WAAS			
City, State, ZIP Code : Junction City, KS 66441						☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☑ 3-5 m, ☐ 5-15 m, ☐ >15 m			
3 LOC	3 LOCATE WELL								
WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 63 ft.									
SECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft.									
WELL'S STATIC WATER LEVEL 22.50 ft. below land surface measured on mo/day/yr 05/20/15									
	Pump test data: Well water was not checked ft. after hours pumping gpm								
1	-NWNE- EST. YIELD gpm. Well water was ft. after hours pumping gpm								
w									
	WELL WATER TO BE USED AS: Public water supply Geothermal Injection well								
:	-SWSE Domestic Feedlot Oil field water supply Dewatering Other (Specify below)								
	☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well ☐ Observation								
Was a chemical/bacteriological sample submitted to Department? Yes No									
S If yes, mo/day/yr sample was submitted Water well disinfected? Yes No									
5 TIXID	E OE O								
		SING USED: Steel							
CASING JOINTS: Squed Clamped Welded Threaded Other (Specify)									
Casing diameter 2 in. to 51 ft., Diameter in. to ft. Casing height above land surface 24 in., Weight .70 lbs./ft., Wall thickness or gauge No154									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
Steel Stainless Steel PVC Other (Specify)									
Brass Galvanized Steel None used (open hole)									
SCRE	N OR P	ERFORATION OPENING	S ARE:	_	_		_		
Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)									
Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From 51 ft. to 61 ft., From ft. to ft.									
From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 20									
]	GRAV	EL PACK INTERVALS	From 20	ft to	71	ft From		to ft	
	0.0	DE THOM MITERIA	From	ft. to		ft., From	ft.	to ff	
CODOUT MATERIAL									
Grout Intervals: From 0 ft. to 20 ft., From ft. to ft., From ft. to ft.									
What is	the near	est source of possible conta	mination:					- *	
<u> </u>	Septic ta			Livestock		Insecticide		ner (specify below)	
-	Sewer lin		Sewage lagoon	Fuel storag		☐ Abandoned ☐ Oil well/ga		None Known	
Dire	ction from		i recayana	Distance			5 WEII		
FROM	ТО	LITHOLOG	C LOG	FROM	TO		OG (cont.) or PLU	GGING INTERVALS	
0	2	Topsoil					<u> </u>		
2	12	Clay, brown							
12	35	Sand, gravel, fine to m							
35	61	Sand, gravel, fine to c	oarse						
61	63	Limestone, gray, hard							
63	71	Shale, blue, red							
	ļ								
ļ	ļ								
7 CONTRACTORIS OR LANDOWNERIS CERTIFICATION TO THE STATE OF THE STATE									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 05/20/15 and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 05/27/15									
			Well & Equipment	i, Inc.	hv (e	ignature)	on (moday/year)		
INSTRUC	CTIONS: U	se typewriter or ball point per	PLEASE PRESS FIRML	Y and PRINT	learly P	lease fill in blank	s and check the correct	at answers. Send three copies	
(white, b.	lue, pink) t	o Kansas Department of Health -5522. Send one copy to WATE	and Environment, Bureau	∟of Water. Geo	logy Sect	ion 1000 SW Ia	ckson St. Suite 420	Toneka Kansas 66612-1367	
http://ww	w.kdheks.g	-5522. Send one copy to WATE ov/waterwell/index.html.	A WELL OWNER and re	tam one for y	our recor	us. include tee	01 \$5.00 for each <u>cc</u>	instructed well. Visit us at	
KSA 82a-1212									