WATER WELL R		WWC-5		sion of Water		1245-02			
Original Record		ge in Well Use		irces App. No.	<del></del>	Well ID			
1 LOCATION OF W	ATER WELL:	Fraction		ion Number	Township Numl				
County: Riley		SW14 NW14 SE14		12	T 11 S				
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and									
Business: US Army DPW Environmental Division direction from nearest town or intersection): If at owner's address, check here:									
Address: 404 Pershing Court Address: Approximately 300 ft. E & 180 ft. N of intersection of 4th Street									
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
2 LOCATE SUELI									
With average   4 DEPTH OF COMPLETED WELL:Ωπ.   5 Latitude:									
	SECTION ROX. Depth(s) Groundwater Encountered: 1) 49.9 ft. Longitude:								
N	N 2) ft. 3) ft., or 4) ∐ Dry Well					Horizontal Datum: ■ WGS 84 □ NAD 83 □ NAD 27			
<del></del>	WELL'S STATIC WATER LEVEL: ft.					Source for Latitude/Longitude:			
	below land surface, measured on (mo-day-yr)				GPS (unit make/model:)				
NW NE	above land surface		(WAAS enabled? Tyes No)						
<u> </u>	Pump test data: Well		Land Survey Topographic Map						
W	after hour		Online Mapper:						
SW SE	after hour		<del></del>						
	Estimated Yield:	Spin	6 Elevation: NA ft. Ground Level TOC						
S	Bore Hole Diameter:	ft. and	Source: Land Survey GPS Topographic Map						
mile	bote from Diameter.								
7 WELL WATER TO BE USED AS:									
1. Domestic:		ater Supply: well ID		10. 🗀 Oil Fi	eld Water Supply:	lease			
☐ Household	<ol><li>Dewatering</li></ol>	ng: how many wells?			e: well ID				
☐ Lawn & Garden	iarden 7. 🗌 Aquifer Recharge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical					
Livestock	7. ☐ Aquifer Recharge: well ID				12. Geothermal: how many bores?				
2. Irrigation	9. Environmental Remediation: well ID			a) Closed Loop					
3. ☐ Feedlot	☐ Air Sparg	ge 🔲 Soil Vapor E	xtraction	b) Open	Loop   Surface D	ischarge 🔲 Inj. of Water			
4. Industrial	☐ Recovery	☐ Injection		13. 🔲 Other	(specify):				
Was a chemical/bacteriological sample submitted to KDHE?  Yes No If yes, date sample was submitted:									
Water well disinfected? ☐ Yes ■ No									
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other CASING IOINTS: ☐ Glued ☐ Clamped ☐ Welded ■ Threaded									
Casing diameter 2 in to 15 ft Diameter in to ft Diameter in to ft									
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)									
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)									
Louvered Shutter    Key Punched    Wire Wrapped    Saw Cut    None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From .15 ft. to .30 ft., From ft. to ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From 13 ft. to 30 ft., From ft. to ft. from ft. to ft.									
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other									
Grout Intervals: From 0 ft. to .13 ft., From ft. to ft., From ft. to ft.									
Nearest source of possible contamination:									
Septic Tank									
☐ Sewer Lines	Cess Pool	☐ Sewage Lag		Fuel Storage		loned Water Well			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
Direction from well?  Distance from well?									
	T TOTAL A	Distance from we							
10 FROM TO	LITHOLO		FROM	TO LI	IHO. LOG (cont.) o	or PLUGGING INTERVALS			
	lav, dark brown, dar		1		····				
	Sand, brown gray, fin		<b>.</b>						
	Sand, brown gray, fin								
20 30 8	Sand, gray, medium,	moist to wet	1						
		-							
	Notes:								
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged									
under my jurisdiction and was completed on (mo-day-year) .11-12-20.19 and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. 604 This Water Well Record was completed on (mo-day-year)									
under the business name	e of ⊫nvirqomeotal.H	riority Service, Inc	Sig	nature	$\mathcal{M} = \mathcal{M}_{\mathcal{L}}$	************************			
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,									
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.									
Visit us at http://www.kdheks.gov/waterwell-index.html KSA 82a-1212 Revised 7/10/2015									

Riley



