WATE	R WELL	RECORD	For	m WWC-5	Divi	sion of Wate	er Reso	urces; Ap	p. No.			
		WATER WELL:		CXX	S	ection Nu	mber	Towns	hip Number	Range Nu	ımber	
County:	nd directio	ouglas	or city stre	SW ¼	SE ¼	25	tioning	T	12 S	R 19	E diameter	
County: Douglas SE 1/4 SW 1/4 SE 1/4 25 T 1/2 S R 1/9 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? 1215 W. 6th St. Lawrence, KS Latitude: N 38.97297°												
1	-				I	ongitude:	W 95	.24983º				
2 WATE	E	Elevation: RIM: 863.34 TOC: 863.01										
RR#, S	it. Address,	Box # : 4816 W	. 26''' St.	147	ĮĮ	Oatum:	above	e mean s	ea level			
RR#, St. Address, Box # : 4816 W. 26 th St. City, State, ZIP Code : Lawrence, KS 66047 Datum: above mean sea level Data Collection Method: legal survey tt.												
LOCATON MW10												
4	AN "X" I	N Depth(s) Groun	dwater En	countered 1					ft. 3		ft	
1	ION BOX:	WELL'S STAT	IC WATE	R LEVEL	15.90 ft.	below lan	d surfa	ce measi	ared on mo/d	ay/yr 4/2	3/09	
	N			Well water								
		Est. Yield	gpm:	Well water	was	ft. a	ıfter		hours pumpi	ng	gpm	
NW	FNW-+ NE WELL WATER TO BE USED AS. 3 Fublic water supply 6 Air conditioning 11 injection wen											
W E 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												
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted Water Well Disinfected? Yes No X												
	S	Sample was sub	mitted			W	ater W	ell Disin	fected? Yes	N	0 X	
5 TYPE	OF CASI	NG USED: 5	Wrought I	ron 8	3 Concrete	e tile	CASI	ING JOI	NTS: Glued	Clamp	ed	
1 Ste	el	3 RMP (SR) 6	Asbestos-	Cement 9	Other (s	pecify belo	ow)		Welde	d		
(2) PV	C	4 ABS 7	Fiberglass					-2-:	Thread	iedX	ζ	
Blank casing diameter 2 in. to 15 ft., Dia in. to ft., Dia in. to ft.												
Casing height below land surface 0.33 ft., Weight lbs./ft. Wall thickness or gauge No.												
1 YPE OF SCREEN OR PERFURATION MATERIAL: 1 Steel 3 Steinless steel 5 Fiberglass (7) PVC 9 ARS 11 Other (charify)												
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 15 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.33 ft., Weight Ibs./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)												
SCREEN OR PERFORATION OPENINGS ARE:												
1 Continuous slot 3 Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)												
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauze wrapped 7 Torch cut 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 15 ft. to 25 ft. From ft. to ft. From ft. to ft. GRAVEL PACK INTERVALS: From 13 ft. to 25 ft. From ft. to ft. From ft. From ft. To ft. From ft. F												
From ft to ft From ft to ft												
GRAVEL PACK INTERVALS: From 13 ft. to 25 ft. From ft. to ft												
			From		ft. to		ft. Fro	om	ft. t)	ft.	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-2 ft.												
Grout Inte	rvals F	rom 2 ft. to	13 ft	t. From	ft. 1		ft.	From		ft. to	ft.	
What is th	e nearest so	ource of possible con	tamination	1:								
	tic tank	4 Lateral lin			0 Livestoo	k pens	13 Inse	cticide S	Storage	16 Other (s	specify	
2 Sew	er lines	5 Cess pool			1) Fuel sto				water well	below)	_	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well												
Direction	from well?	NW		t	low many	feet? ~20	<u> </u>					
FROM	TO		LOGIC LO		FROM	TO		PLUC	GGING INT	ERVALS		
0	4	Silty clay, brown, some				ļ						
12	12 19	Silty clay, gray brown, Silty clay, light brown,			-							
19	25	Shale, weathered, yellov		/								
		<u> </u>										
									·			
					1	1	Fluchn	nount w	aiver from I	ROW		
					 		. insiiii	aount W	TIMOTI YOUR			
7 CONT	RACTOR'	S OR LANDOWNI	ER'S CER	TIFICATIO	N: This w	ater well wa	as (1) co	onstructed	i, (2) reconstru	cted, or (3) r	olugged	
under my jurisdiction and was completed on (mo/day/year) 4/23/09 and this record is true to the best of my knowledge and belief.												
		tractor's License No.					molete	on (mo/	day/year)5	/26/09		
1		e of Larsen & Asso			by (signatu						·	
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 one to WATER WELL OWNER and retain one for												
your records	Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5528 send one to 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.											