| WATE | R WELL | RECORD | For | m WWC- | 5 Div | ision of Wa | ater Reso | urces; App. No. | | |
|--|--|-------------------------|--------------|-----------------|-------------|--|--------------|---------------------------|----------------------|--|
| 1 LOCATION OF WATER WELL: Frac County: Douglas I Distance and direction from nearest town or ci | | | Fraction | C.F. | C.T. | Section N | umber | Township Number | Range Number | |
| County: | L dimention | ouglas | NE % | SE ¼ | SE 4 | 28 | itioning | T 12 S | R 19 | |
| located wi | ma airection thin city? N | 1665 Rd., Lawrence | e KS | et address of | wening | Latitude: | NA | System (decimal degi | ees, min. of 4 digi | |
| located wi | unin city: 1 | 1005 Ru., Lawrenc | , KO | | | Longitude | | | | |
| 2WATER WELL OWNER: Scott Robinson Elevation: NA | | | | | | | | | | |
| RR#, St. Address, Box # : 850 N 1663 Rd Datum: NA | | | | | | | | | | |
| City, S | City, State, ZIP Code : Lawrence, KS 66049 Data Collection Method: legal survey | | | | | | | | | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 180 ft. | | | | | | | | | | |
| LOCA | | | | | | | | | | |
| | AN "X" I | Denth(s) Groun | ndwater En | countered 1 | • | JA | ft 2 | ft. 3 | | |
| | ION BOX: | WELL'S STAT | TIC WATE | ED I EVEI | NIA fi | helow la | nd curfs | ce measured on mo/d | 031/3m | |
| SECT | | WELL SSIA | IIC WAIL | Well motor | 1323 11 | . ociow ia | niu sui ia | house measured on more | ay/yi | |
| N Pump test data: Well water was ft. after hours pumping gpm Est. Yield gpm: Well water was ft. after hours pumping gpm | | | | | | | | | | |
| | | Est. Yield | gpm: | Well water | · was | n. | . after | nours pump | ng gp | |
| WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 1 Injection well | | | | | | | | | | |
| W 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 2 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Geothermal | | | | | | | | | | |
| 1 1 | | 2 Irrigation 4 | Industrial | 7 Domestic | c (lawn & g | garden) | 10 Mon | itoring well | Geothermal | |
| l I sw | / | | | | | | | | | |
| | X | Was a chemica | l/bacteriole | ogical sample | e submitte | d to Depar | rtment? | Yes No X; | If yes, mo/day/y | |
| | S | Sample was su | bmitted | | | , | Water W | ell Disinfected? Yes | No X | |
| | | | | | | | | | | |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped | | | | | | | | | | |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement (9) Other (specify below) Welded Fusion | | | | | | | | | | |
| 2 PV | 1 Steel 3 RMP (SR) 6 Asbestos-Cement 2 PVC 4 ABS 7 Fiberglass Polyethylene Threaded lank casing diameter 3/4 in. to 180 ft., Dia in. to ft., Dia in. to ft. asing height below land surface 4 ft., Weight lbs./ft. Wall thickness or gauge No. 160 PSI | | | | | | | | | |
| Blank casing diameter 3/4 in. to 180 ft., Dia in. to ft., Dia in. to ft. | | | | | | | | | | |
| Casing height helow land surface 4 ft Weight lbs./ft. Wall thickness or gauge No. 160 PSI | | | | | | | | | | |
| | | | | | | | | | | |
| 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) | | | | | | | | | | |
| 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | | | | | | | | |
| ISCREEN | ISCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | |
| 1 Co | 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- | -PERFORA | TED INTERVALS | : From | | π. το | | n. Fr | om 11. t | 0 | |
| From | | | | | ft. to | | ft. Fr | om ft. t | 0 | |
| GRAVEL PACK INTERVALS: From | | | | | ft. to | | ft. Fr | om ft. t | 0 | |
| | | | From | | ft. to | | ft. Fr | omft. t | 0 | |
| CODOL | TO BALA DEST | YAY. 1 Mast san | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals From 4 ft. to 180 ft. From ft. to ft. From ft. to ft. | | | | | | | | | | |
| What is th | ie nearest so | urce of possible con | ntaminatioi | a: | | | | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify | | | | | | | | | | |
| | er lines | 5 Cess poo | | age lagoon | | | | andoned water well | below) | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well | | | | | | | | | | |
| Direction from well? How many feet? | | | | | | | | | | |
| FROM | TO | LITHO | LOGIC LC |)G | FROM | TO | 1 | PLUGGING INTI | FRVALS | |
| 0 | 24 | Brown clay | DO OTO DO | | TROM | 1 | | 1 BOOGING INTI | DICTILLO | |
| 24 | 33 | White limestone | | | | | | | | |
| 33 | 37 | Gray shale | | | | - | 7-180 | borings plugged | | |
| 37 | 55 | Gray limestone | | | | + | 7.100 | borings pruggeu | | |
| 55 | 60 | White limestone | | | 4 | 180 | Benton | nite | | |
| 60 | 70 | Gray shale | | | | 100 | Dento | | | |
| 70 | 90 | White limestone | | | | 1 | 1 | | | |
| 90 | 96 | Dark gray limesto | ne | | | | 1 | | | |
| 96 | 110 | Gray limestone | | | | | | | | |
| 110 | | Gray weathered sl | hale, silt | | | | | | | |
| | | | | RTIFICATION | ON: This | water well | was (1) c | onstructed, (2) reconstru | icted, or (3) plugge | |
| 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) 4/6/10 and this record is regard to the best of my knowledge and belief. | | | | | | | | | | |
| Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on molday/year) 6/1/10 | | | | | | | | | | |
| under the business name of Larsen & Associates, Inc. by (signature) | | | | | | | | | | |
| INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, | | | | | | | | | | |
| Caslass Cas | tion 1000 SW | Jackson St., Suite 420, | Topeka, Kans | sas 66612-1367. | Telephone 7 | 785-296-552 | 2. Sendo | ne to WATER WELL OW | NER and retain one | |