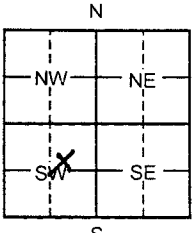


WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No. _____

1 LOCATION OF WATER WELL: County: Dickinson	Fraction SW 1/4 NE 1/4 SW 1/4	Section Number 18	Township Number T 13 S	Range Number R 1 E
Distance and direction from nearest town or city street address of well if located within city? ~ 40 ft NE of Oak St and 4 th St. Solomon, KS		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>N 38.91831°</u> Longitude: <u>W 97.36636°</u> Elevation: <u>Pin: 1172.10 TOC: 1171.81</u> Datum: <u>above mean sea level</u> Data Collection Method: <u>legal survey</u>		
2 WATER WELL OWNER: KDHE RR#, St. Address, Box # : 1000 SW Jackson, Suite 410 City, State, ZIP Code : Topeka, KS 66612				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 34 ft. MW10 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>20.48</u> ft. below land surface measured on mo/day/yr <u>1/30/08</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 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
	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

5 TYPE OF CASING USED:	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____	
1 Steel	3 RMP (SR)	6 Asbestos-Cement	Welded _____	
(2) PVC	4 ABS	7 Fiberglass	Threaded X	
Blank casing diameter <u>2</u> in. to <u>19</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	Casing height below land surface <u>0.29</u> 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
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement
11 Other (specify) _____				
12 None used (open hole)				
SCREEN OR PERFORATION OPENINGS ARE:				
1 Continuous slot	(5) Mill slot	5 Gauze wrapped	7 Torch cut	9 Drilled holes
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut	10 Other (specify) _____
11 None (open hole)				
SCREEN-PERFORATED INTERVALS: From <u>19</u> ft. to <u>34</u> ft. From _____ ft. to _____ ft.				
GRAVEL PACK INTERVALS: From <u>18</u> ft. to <u>34</u> ft. From _____ ft. to _____ ft.				

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite (4) Other concrete, 0-2 ft				
Grout Intervals From <u>2</u> ft. to <u>18</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:				
1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	13 Insecticide Storage
2 Sewer lines	5 Cess pool	8 Sewage lagoon	(11) Fuel storage	14 Abandoned water well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/ gas well
16 Other (specify below) _____				
Direction from well? North-northwest		How many feet? ~80 ft		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Grass, topsoil, silt and clay, dark brown.	18	19	Sand with clay, light brown, very fine, no odor, not well sorted, slightly moist.
		Moist, no odor, rubble and coarse sand to ~0.25 ft. grading to sand, fine, light brown, slightly moist, no odor	19	20	Clay, trace silt, gray-brown, stiff, moist, no odor
8	10	Sand with clay, light brown, very fine, no odor, not well sorted, slightly moist	21	30	Sand with clay, gray-brown, fine to medium grained, no odor, moist
13	15	Sand with clay, light brown, very fine, no odor, not well sorted, slightly moist, very moist from 14.5 to 15 ft.	30	39	Sand with clay, gray-brown, fine to medium grained, becoming coarse, no odor, moist
Flushmount waiver from BOW					

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) 1/30/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 2/18/08 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, 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. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell>.