WATE	R WELL J	RECORD	Form	WWC-5	Divisi	on of Wa	ter Reso	ources; App. 1	No.	
1 LOCATION OF WATER WELL: County: Douglas			Fraction NE 4	NW ¼ N	E ¼	ction Nu 12	ımber	Range Number R 19 E		
County: Douglas NE 1/2 NW 1/2 NE 1/2 T 1/3 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? 1003 W 23 rd St., Lawrence, KS 66046 Longitude: 38.94264° Longitude: 95.24731°										
2 WATER WELL OWNER: KDHE (Former Jayhawk Oil) Elevation: TOC: 861.13; RIM: 861.40										
RR#,	St. Address, H	3ox # : 1000 S	W Jackson	,,	Da	atum:	NAV	/D88		
City, S	State, ZIP Co	de : Topeka	KS 66612		D:	ata Colle	ection N	Aethod: leg	al survey	
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 15 ft.										
LOCA		100	1		Γ	MW9	A 2		A 2	a
1	H AN "X" IN 'ION BOX:	Depth(s) Groun	dwater Encou	intered i	00 A L	alow lo	n. 2		d on molde	ft. ay/yr 5/26/11
SECI	N BUX:	WELL S SIAI	test data: W	Vell water w	7.90 IL. L	GIOW IAI	after	ho	u on moru	ng 000
	ÏЯП	Fet Vield	onm: V	Vell water w	as 	ft.	after	ho	urs pumpi urs numnii	ng gpm ng gpm
	v—_NE	WELL WATER	TO BE USE	ED AS: 5 P	ublic wate	r supply	8 Ai	r conditioni	ng 11 In	iection well
1 1 1	' NF	1 Domostic 2	Eggd lot 6	Oil field we	ter cumply		0 Dev	aterina	12 Othe	r (Specify below)
W 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Sp 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/										
										f yes, mo/day/yrs
	S	Sample was sub	mitted			V	Vater W	ell Disinfe	cted? 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										
1 St	eel 3	RMP (SR) 6	Asbestos-Cer	ment 9	Other (sp	ecify bel	low)		Welded	i
(2) PV	/C 4	ABS 7	Fiberglass						Thread	ed X
Blank casing diameter 2 in. to 3 ft., Dia in. to ft., Dia in. to ft.										
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 3 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.27 ft., Weight lbs./ft. Wall thickness or gauge No.										
TYPE OF SCREEN OR PERFORATION MATERIAL: 1. Steel 2. Steinless steel 5. Fibergless (7) DVC 0. ABS 11. Other (specific)										
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)										
(SUKEEN OK PEKEUKATION OPENINGS AKE:										
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) SCREEN-PERFORATED INTERVALS: From 3 ft. to 15 ft. From ft. to ft.										
2 Louvered snutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)										
SCICEEIV	-1 EKTOKA 1	ED INTERVALS.	From		ft to	.13	ft Fr	om	ft to	,
GR	AVEL PACI	CINTERVALS.	From	2.	ft. to	15	ft. Fr	om	ft. to	ft.
		K INTERVALS:	From		ft. to		ft. Fr	om	ft. to	ft.
6 CPOI	TMATED	IAL: 1 Neat cem	ent 2 Ceme	ent grout	3 Rentoni	te (4	Other	Concrete	Ω-1 feet	
Grout Inte	orvals Ero	m 1 ft to	2 G T	Erom	ft to			From	0-1 1001	ft to ft
Grout Intervals From 1 ft. to 2 ft. From ft. to ft. From ft. to ft. From ft. to ft. From ft. to ft.										
	tic tank	-	es 7 Pit priv		Livestock	pens	13 Inse	ecticide Sto	rage	16 Other (specify
	er lines	5 Cess pool		lagoon (1)	Fuel stora	age	14 Aba	andoned wa	ter well	below)
		lines 6 Seepage p	it 9 Feedya					well/ gas w	ell	
Direction	from well?	NE		Ho	ow many fo	eet? ~15	50 ft			
FROM	TO	LITHO	LOGIC LOG		FROM	ТО		PLUGG	ING INTE	RVALS
0		rass on top; Soft brow	n clay							
7	15 V	Veathered tan shale								· · ·
					-			~		
								· · · · · · · · · · · · · · · · · · ·		
							Flush	ount waiver fr	om POW	
							Flushine	ount waiver if	OIII 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) 5/20/11 and this record is true to the best of my knowledge and belief.										
		actor's License No.					omplet	d or (mo/day	(year) <u>6</u>	/7/11
		Larsen & Asso	An		y (signature					
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of the the and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send on the CATER WELL OWNER and retain one for										
Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3522. Send one of ATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.										