

MW-1

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Lyon	Fraction $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 17	Township No. T 19 S	Range Number R 11 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> Tyson 2101 West 6th Avenue, Emporia, KS 66801		Global Positioning System (GPS) information: Latitude: N38.40342 (in decimal degrees) Longitude: W96.21249 (in decimal degrees) Elevation: Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: Nuvi 760) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input checked="" type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: TYSON RR#, Street Address, Box #: 2101 W 6th AVE. City, State, ZIP Code : Emporia, KS 66801				

3 LOCATE WELL WITH AN "X" IN SECTION BOX: N W E S ----- mile -----	4 DEPTH OF COMPLETED WELL 25 ft. Depth(s) Groundwater Encountered (1)..... ft. (2) N/A..... ft. (3) N/A..... ft. WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr..... Pump test date: Well water was N/A..... ft. after N/A..... hours pumping N/A..... gpm EST. YIELD N/A..... gpm. Well water was N/A..... ft. after N/A..... hours pumping N/A..... gpm Bore Hole Diameter 8.25..... in. to 25..... ft. and N/A..... in. to N/A..... ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input checked="" type="checkbox"/> Monitoring well MW-1 Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted N/A Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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5 TYPE OF CASING USED: Steel PVC Other.....

CASING JOINTS: Glued Clamped Welded Threaded
Casing diameter 2..... in. to 15..... ft., Diameter N/A..... in. to N/A..... ft., Diameter N/A..... in. to N/A..... ft.
Casing height above land surface 0..... in., Weight N/A..... lbs./ft., Wall thickness or gauge No. Schedule 40.....

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify).....
 Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch out Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify).....

SCREEN-PERFORATED INTERVALS: From 15..... ft. to 25..... ft., From N/A..... ft. to N/A..... ft.
From N/A..... ft. to N/A..... ft., From N/A..... ft. to N/A..... ft.

GRAVEL PACK INTERVALS: From 12..... ft. to 25..... ft., From N/A..... ft. to N/A..... ft.
From N/A..... ft. to N/A..... ft., From N/A..... ft. to N/A..... ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Concrete 0 to 1ft

Grout Intervals: From 1..... ft. to 12..... ft., From N/A..... ft. to N/A..... ft., From N/A..... ft. to N/A..... ft.

What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Sepage pit Feedyard Fertilizer storage Oil well/gas well

Direction from well Distance from well <100ft

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	5	DARK BROWN SILTY CLAY			
5	24	Reddish Brown Clay			
24	28	Reddish Brown Clay w/ sands			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 4-27-10..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 759..... This Water Well Record was completed on (mo/day/year) 8-23-10..... under the business name of RAZEK Environmental, LLC..... by (signature) *Walter J. Rzek*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1600 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>