South County Co	New	WATER	R WELL RI	ECORD	Forr	n WWC	C-5							
Distance and direction from nearest town or city street address of well if Clobal Pastioning System (decimal degrees, min. of 4 digits) located within city? 425 W 14 ve., Garnett, KS 66032 Located within city? 425 W 14 ve., Garnett, KS 66032 Located within city? 425 W 14 ve., Garnett, KS 66032 Located within city? 425 W 14 ve., Garnett, KS 66032 Located within city? 425 W 14 ve., Garnett, KS 66032 Located within city? 425 W 15 ve. 1000 SW lackson City, State, ZIP Code Location City, State, ZIP Code Location City, State, ZIP Code Location With An "X" IN SECTION BOX: NOW THI AN "X" IN SECTION BOX: NOW THE AN "X" IN SECTION BOX: N	Distance and direction from nearest town or city street address of well if located within city? 425 W 3 4-80, Garnett, KS 66012 Lattitude: N38,28424 Longitude: W 95,249373 Longitude: W 95,				WATER I	CAN 11	NIXI I		30		l m ĵ	2 0	R 20 F	
Latitude: N. 18. 254 C Ware Latitude: N. 18. 254 C Sample was Latitude: N. 18. 254 C Sample was Sample was submitted Dry Sample was submitted Sample was submitted Department? Yes No. X. If yes, mo/day/yr Sample was submitted Sample was sub	Coasted within city? 425 W "Avc., Garnett, KS 66032	Distance a	nderson nd direction fr	om nearest town	or city stre	et address	of well if	Glo	bal Posit	tioning	System (d	ecimal deg	rees, min. of 4 digits)	
2 WATER WELLOWNER: KOHF RR®, St. Address, Box #s. 1000 SW Jackson City, State, ZIP Code Topack KS. 66612 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX: N WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL Dry ft. below land surface measured on mo/day/yr 126/12 WELL'S STATIC WATER LEVEL Dry ft. below land surface measured on mo/day/yr 126/12 Pump test data: Well water was ft. after hours pumping gpm WELL'S STATIC WATER LEVEL Dry ft. below land surface measured on mo/day/yr 126/12 Ft. 2 ft. 3 ft. WELL'S STATIC WATER LEVEL Dry ft. below land surface measured on mo/day/yr 126/12 Pump test data: Well water was ft. after hours pumping gpm WELL'S STATIC WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed to 6 Oil field water supply 9 Dewatering 12 Other (Specify below) Was a chemical/bacteriological sample submitted to Department? Yes No X 1f yes, mo/day/yrs Sample was submitted Sample was submitted Department? Yes No X 1f yes, mo/day/yrs Water Well Disinfected? Yes No X Sample was submitted Department? Yes No X 1f yes, mo/day/yrs Water Well Disinfected? Yes No X Water Well Disinfected? Yes No X Welded Clamped Q-PUPC ABS 7 Fiberglass Department Property Property Property Deptiled holes Threaded X Deptiled North MATER LEVEL Dry Threaded X Dept	2 WATER WELL OWNER: KDHE RR, St. Address, Box #: 1000 SW Jackson City, State, ZJP Code Topeka KS 66612 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 7 ft. LOCATON WITH AN "X" IN SECTION BOX: N WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL Dry ft. below land surface measured on moday/yr 126f12 Pump lest data: Well water was ft. after hours pumping gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted 7 Domestic (lawn & garden) (1) Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted 7 Domestic (lawn & garden) 1 Steel 3 RMP (KR) 6 Asbestos-Cement 9 Other (specify below) Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted 7 Domestic (lawn & garden) 1 Steel 3 Steel 3 Steel 5 Steel 5 Steel Seel 3 Steel 3 Statinies steel 5 Steel 5 Steel Seel 3 Statinies steel 5 Steel 5 Steel Steel 3 Steel 3 Statinies steel 5 Steel 5 Steel Steel 3 Steel 5 Steel 5 Steel 5 Steel Steel 5 Steel 5 Steel 5 Steel 5 Steel Steel 5 Steel 5 Steel 5 Steel 5 Steel 5 Steel Steel 5 Steel 5 Steel 5 Steel 5 Steel 5 Steel Steel 5 Steel 5 Steel 5 Steel 5 Steel 5 Steel 5 Steel Steel 5 Stee	located wi	thin city? 425	W 1st Ave., Garn	ett, KS 66	032		La	ititude:	N 38	.28424			
RRM, St. Address, Box # : 1000 SW Jackson City, State, ZIP Code : Topeka KS 6612 JOCATO WELL'S LOCATON WITH AN "N" IN SECTION BOX: N Depth(s) Groundwater Encountered 1 SECTION BOX: N Depth(s) Groundwater Encountered 1 SECTION BOX: N Depth(s) Groundwater Encountered 1 WELL'S STATIC WATER LEVEL Dry ft. below land surface measured on mo/day/yr 1/26/12 Dry ft. below land surface measured on mo/day/yr 1/26/12 SEX Yield gpm: Well water was ft. after hours pumping gpm WELL WATER TO BE USED AS: S 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 (Jawn & garden) (Monitoring well 2 Irrigation 4 Industrial 7 Domestic (Jawn & garden) (Monitoring well 2 Irrigation 4 Industrial 7 Domestic (Jawn & garden) (Monitoring well 2 Irrigation 4 Industrial 7 Domestic (Jawn & garden) (Monitoring well 2 Irrigation 4 Industrial 7 Domestic (Jawn & garden) (Monitoring well 2 Irrigation 4 Industrial 7 Domestic (Jawn & garden) (Monitoring well 2 Irrigation 4 Industrial 7 Domestic (Jawn & garden) (Monitoring well 2 Irrigation 4 Industrial 7 Domestic (Jawn & garden) (Monitoring well 2 Other (Specify below) Water Well Disinfected? Yes No X.; If yes, mo/day/yrs Sample was submitted to Department? Yes No X.; If yes, mo/day/yrs Sample was submitted to Department? Yes No X.; If yes, mo/day/yrs Sample was submitted to Department? Yes No X.; If yes, mo/day/yrs Sample was submitted to Department? Yes No X.; If yes, mo/day/yrs Sample was submitted to Department? Yes No X.; If yes, mo/day/yrs Mater Well Disinfected? Yes No X. 5 TYPE OF SCREEN OP PERFORATION MATERIAL: Net Sample was submitted to Department? Yes No X.; If yes, mo/day/yrs Material to Sample was submitted to Department? Yes No X.; If yes, mo/day/yrs Material to Sample was submitted to Department? Yes No X.; If yes, mo/day/yrs Material to Sample was submitted to Department? Yes No X.; If yes, mo/day/yrs Material to Department? Yes No X.; If yes, mo/day/yrs Mater	RRR, St. Address, Box # 1000 SW Jackson Chy State, ZIP Code Topeak RS 66612 Data Collection Method: legal survey Data Collection Method: legal survey	2 WATER WELL OWNER: KDHE							Longitude: w 95.24955					
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Secretary Secr	Second Part	5 TYPE	of Casing	USED: 5	A shestos	Ton Cement	9 Oth	er (sr	ecify bel	ow)	nio Joni	Weld	ed	
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	Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send of 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.								72 - 5	epartme	of Health ar	nd Environm	ent, Bureau of Water,	
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		INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department on lealth and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send on WATER WELL OWNER and retain one for brown records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.												