WATER WELL RECORD For	m wwc-5			urces; App. No.	
1 LOCATION OF WATER WELL: Fraction County: Coffey SW 1/4	SW ¼ SW	Section 2	Number 28	Township Number T 22 S	Range Number R 14 E
County: Coffey SW ½ SW ½ SW ½ 28 T 22 S R 14 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? 627 Main St. Gridley, KS 6685.	2	Latitud	ude: 38.09	8540°	
2 WATER WELL OWNER: KDHE				: 1139.22; TOC: 113	8.56
RR#, St. Address, Box # : 1000 SW Jackson	, Suite 410	Datum	: NA\	/D88	
City, State, ZIP Code : Topeka, KS 6661	2			Method: legal survey	
3 LOCATE WELL'S 4 DEPTH OF COMPL	ELED METT 7	18.44	•	ft.	
LOCATON		MW	ړ G+⊃	ft 3	ft
WITH AN "X" IN Depth(s) Groundwater En SECTION BOX: WELL'S STATIC WATE	countered b	on ft balan	L. L.	ace measured on mol	day/yr 9/5/13
SECTION BOX: WELL'S STATIC WATE	Well water we	90 II. UCIOV	ft after	hours pump	ving gpm
N Pump test data: Est. Yield gpm:	Well water was	o	ft after	hours numr	ning gpm
I I I I I I I I I I I I I I I I I I I	Well water wa	blic water sur	mly 8 A	ir conditioning 11 I	niection well
	6 Oil field wate	er sunnly	9 Dew	vatering 12 Ot	her (Specify below)
W 1 Domestic 3 Feed lot	7 Domestic (la	wn & garden)	(10)Mor	itoring well	
W E 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 Was a chemical/bacteriological sample submitted to Department? Yes No X Sample was submitted Water Well Disinfected? Yes No X					
Sample was submitted	1		Water V	Vell Disinfected? Ye	s No X
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 Ctan 1 2 DMD (CD) 6 Ashertos	Cement 9 (Other (specify	z below)	Weld	iea l
DIVIC 4 ABS 7 Fibergles	e comon	Omer (speem)	001011)	Threa	aded X
Dienk assing diameter 2 in to 3	ft Dia	in to	ft	Dia ir	n, 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 0.66 ft., Weight lbs./ft. Wall thickness or gauge No.					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 2 Stainless steel 5 Etheralass (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 note)					
SCREEN OR PERFORATION OPENINGS ARE:					
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)					
CODEEN DEDECT ATEN INTERVALS. From	3 H	f to 18.42	l II. F	rom 11.	10 11.
Hrom	T	T TO	II. I	IOIII II.	io ii.
GRAVEL PACK INTERVALS: From	3 fi	t. to 19.07	7 II. F	rom II.	10
From	11	t. to	π. r	rom n.	. 10
From ft. to ft. From ft. to ft. From ft. to ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1ft Grout Intervals From 1 ft. to 3 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 16 Other (specify					
2 Sewer lines 5 Cess pool 8 Sewage lagoon (1) Fuel storage 14 Abandoned water well below)					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well					
Direction from well? N-NW	Но	w many feet?	~5ft		
FROM TO LITHOLOGIC L	OG	FROM T	0	PLUGGING IN	TERVALS
0 5 Brown silty clay with grave					
5 19.07 Brown silty clay					
19.07 Limestone bedrock					
				A STATE OF THE STA	
					DOM
			Flush	imount waiver from	BOM
TO CONTROL OF A LAND ON THE PAGE OF	DTIFICATION	I. This water	vall vvoc (1)	constructed Three no	structed or (3) plugged
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) 9/3/13 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 or (mo/day/year) 10/1/13					
under the business name of Larsen & Associates, I	nc. b	y (signature) _			
INSTRUCTIONS: Please fill in blanks or circle the correct as	nswers. Send top thre	ee copies to Kans	as Departme	nt of Neath and Environm	nent, Bureau of Water,
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Nearth and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to TER WELL OWNER and retain one for					
your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.					