REVISION											
WATER WELL RECORD Form WWC-5						Division of Water					
Origina	al Record	x Correction	Change in	n Well Ust		Resou	rces App. No.		Well ID	MW6	
1 LOCA County		VATER WELL		Fraction NW ¼ NE ¼	NE	% NE %	Section Numb 22	er Township Nur T 31		Number 19 XE W	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction											
Business: KDHE from nearest town or intersection): If at owner's address, check here: Address: 1000 SW Jackson Blvd 3234 Main St., Parsons, KS											
Address:											
City Topeka State: KS ZIP: 66612 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: 19 ft 5 Latitude: 37.34009 (dccimal degrees)											
WITH "X" IN Depth(s) Groundwater Encountered: 1) ft Longitude95.28698(dec								cimal degrees)			
SECTION BOX: 2) ft 3) ft, or 4) N WELL'S STATIC WATER LEVEL: 9.11						ell Horizontal Datum: WGS 84 NAD 83 NAD 27					
X below land surface, measured on (r							_	unit makc/model:)	
NW NF NF above land surface, measured on (mo-day-yr)								AAS enabled?	JYes ∐No))	
				a: Well water was ft ft gpm			X Land Survey Topographic Map Online Mapper				
w		E an	W	ater well was	ft						
sw	SE			ours pumping	gpn	n 6		***************************************	Ground L		
		Estima Bore I	Ited Yield:	gpm :7.25in to	fta	and	Source X	Other		Topographic Map	
LL	S		Tote Diameter.	in to				J C			
7 WELL WATER TO BE USED AS:											
1 Domestic:			iblic Water Su	pply: well ID		10	Oil Field	Water Supply: leas	e		
House	-		-	w many wells?		11	Test Hole: wel		Castashai		
	Lawn & Garden 7 Aquifer Recharge: well ID Livestock 8 X Monitoring: well ID						Cased Uncased Geotechnical 12 Geothermal: How many bores?				
2 Irrigation 9 Environmental Remediation: well ID a) Closed Loop Horizontal Vertical								-			
3 Feedlot			ir Sparge [,]	Soil Vapor Extra	actior		b) Open Loop		Discharge		
4 Industrial Recovery Injection Other (specify):											
Was a chemical/bacteriological sample submitted to KDHE? Yes X No If yes, date sample was submitted: Water well disinfected? Yes X No											
8 TYPE OF CASING USED: Steel X PVC Other CASING JOINTS: Glued Clampled Welded X Threaded											
Casing diameter 2 in. to 9 ft, Diameter in. to ft, Diameter in. to ft, Diameter in. to ft,											
Casing height above land surface -0.38 in. Weight Ibs./ft. Well thickness or gauge No TYPE OF SCREEN OR PERFORATION MATERIAL:											
Steel Stainless Steel Fiberglass X PVC Other (Specify)											
Brass Galvanized Steel Concrete tile None used (open hole)											
Continuous Slot X Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)											
Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)											
1	SCREEN-PERFORATED INTERVALS: From 9 ft. to 19 ft, From ft. to ft, From ft. to ft,										
GRAVEL PACK INTERVALS: From 7 ft. to 19 ft, From ft. to ft, From ft. to ft, Grand ft. to ft, From ft. to ft,											
9 GROUT MATERIAL: Neat cement Cement grout X Bentonite X Other Concrete: 0-0.7' Grout intervals: From 0.7 ft, From ft, From ft, Image: Structure of the											
Nearest source of possible contamination:											
			iteral Lines	Pit Privy			lock Pens	Insecticid	0		
Sewer	Lines ight Sewer Lin		ess Pool eepage Pit	Sewage Lag	oon	X Fuel S	storage izer Storage		ed Water Well Gas Well		
Other (Specity)											
Direction from				Distance from	n well?		1	ft			
10 FROM 0	<u>TO</u> 0.3	Topsoil/silty clay	LITHOLO	GIC LOG		FROM	ТО	LITHO. LOG (co	ont.) or PLUGGI	NG INTERVALS	
0.3	11	Silty clay									
11	19	Limestone w/ sha	le fingers								
						N					
Notes: KDHE ID: Vacant Lot; U3-050-14924 Target of monitoring well is shallow groundwater, <20' of grout was inst											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X constructed, reconstructed, or plugged under my											
		DR LANDOWNE pleted on (mo-day-						nd belief Kansas			
License No	757	This V	Vater Well Red	cord was completed on			8)	······	
under the b		of Larsen & Ass		each constructed well to:	Kansas De	partment of Her	Signature	icnt. Burear of Wate	r, GWTS Section		
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Burear of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.											
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015											