WATER WELL RE	CORD	Form	wwc-	5 D	ivisio	n of Wate	er Reso	urces; App. No.		
1 LOCATION OF WAY County: Donipl Distance and direction from					Car	stion Nins	mher	Township Number	Range Number R 21 E	
Distance and direction from	m nearest town	or city stree	t address o	f well if	Glol	bal Posit	tioning	System (decimal d	legrees, min. of 4 digits)	
located within city? 137 W. Locust St., Troy KS  Latitude: N 39.78962°  Longitude: W 95.09058°										
2 WATER WELL OWNER: KDHE						Elevation: RIM: 1031.17; TOC: 1030.95				
2 WATER WELL OWNER: RDHE RR#, St. Address, Box # : 1000 SW Jackson					Datum: NAVD88					
City State 7TP Code	# . 1000 S	KS 66612			Da	ta Collec	ction M	1ethod: legal surve	ey	
City, State, ZIP Code : Topeka KS 66612   Data Collection Method: legal survey   3 LOCATE WELL'S   4 DEPTH OF COMPLETED WELL 35.02   ft.										
					7	/IW5				
WITH AN "X" IN	Depth(s) Groun	dwater Enc	ountered 1				ft. 2	ft.	3 ft. o/day/yr 10/24/13	
SECTION BOX:	WELL'S STAT	IC WATE	R LEVEL	30.0	ft. b	elow lan	d surfa	ace measured on me	o/day/yr 10/24/13	
	Th	44 4-4	Wall water	+ 11/0C		tt s	affer	nours but	UDIUZ ZDIII	
	Est Viold	anm.	Well water	r was		π. a	aner	nours pur	ubing Shin	
	WELL WATEL	$\mathbf{r} \cap \mathbf{pr} \mathbf{n}$		5 Public	watei	r suppiv	δAI	I conditioning in	mjechon wen	
	1 Domestic 3	Feed lot	6 Oil field	water su	pply		9 Dew	atering 12 C	Other (Specify below)	
W X E	2 Irrigation 4	Industrial	7 Domesti	c (lawn a	& gar	den) ([	0)Mon	itoring well		
-	_									
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs										
Somple was submitted Water Well Disinfected? Yes No X										
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped										
5 TYPE OF CASING U	JSED: 5	wrough in	Comont	0 Othe	r (en	ecify hel	ow)	We	elded	
1 Steel 3 R	MP (SR) 6	Asbestos-C	_emeni	9 Ouic	ı (sp	celly bei	(OW)	The	readed X	
(2)PVC 4 A	BS 7	Fibergiass	n Die			to	fi	Dia	in to ft.	
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded  2 PVC 4 ABS 7 Fiberglass Threaded X  Blank casing diameter 2 in. to 15.02 ft., Dia in. to ft., Dia in. to ft.  Casing height below land surface 0.22 ft., Weight lbs./ft. Wall thickness or gauge No.										
Casing height below land surface 0.22 ft., Weight 10s./II. Wall thickness of gauge 10s.										
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)										
1 Steel 3 Stainless steel 5 Fibergiass (7) PVC (7) About (4) About										
1 1 and about the the punched by wife with the control of the cont										
ICORPENI DEDECORATED INTERVALS: From 15.02 ft. to 35.02 ft. From 11.10										
From ft. to ft. From ft. From ft. To ft. From ft. From ft. To ft. From ft.										
GRAVEL PACK I	NTERVALS:	From	13	It. to		33.30	. H. F.		ft to	
		From		π. το			II. F	10111	ft. to ft	
6 GROUT MATERIA	L: 1 Neat cer	nent 2 Ce	ement grout	t (3) <b>8</b> 6	nton	ite (4	1)Othe	r Concrete: 0-1ft		
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1ft Grout Intervals From 1 ft. to 13 ft. From ft. to ft. From ft. to ft.										
What is the nearest source of possible contamination:										
1 Septic tank	4 Lateral li	nes 7 Pit p	nvy	10 Live				secticide Storage	16 Other (specify below)	
2 Sewer lines	5 Cess poo		age lagoon	(11) Fue	stor	age		oandoned water we	il below)	
3 Watertight sewer lin	nes 6 Seepage	pit 9 Feed	lyard					l well/ gas well		
Direction from well? S				How m	any 1	feet? ~3	VII			
FROM TO	LITHO	LOGIC LO	G	FRO	M	TO	<u></u>	PLUGGING I	NTERVALS	
	halt									
	own clayey silt						-			
							ļ			
							<del>                                     </del>			
<del></del>									701	
							Flush	mount waiver fro	om BOW	
						L	<u>م</u> ــــــــــــــــــــــــــــــــــــ	1 (0)	matminted on (2) =1	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 1) constructed (2) reconstructed, or (3) plugged and this record is true to the best completed on (mo/day/year) 10/22/13 and this record is true to the best completed and belief										
under my jurisdiction and was completed on (11/15/12										
Kansas Water Well Contrac	tor's License No.			water we	unatii	re)	compide	( Carly		
under the business name of					<del></del>	7/ D		nt of Malth and Environ	nment, Bureau of Water	
INSTRUCTIONS: Please fill							2. Send	one water well	OWNER and retain one fo	
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department Treatment and Environment, Butcat of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to 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.										