				WWC-5		vision of Wate	i i		
		Correction				sources App. N		Well ID	
1 LOCATION OF WATER WELL:			L:	Fraction					
	y: Leavenv		· · · · · · · · · · · · · · · · · · ·	NW1/4 SE 1/4 NW	NW 1/4 NW 1/4 25 T 8 S R 22 I E W Street or Rural Address where well is located (if unknown, distance and				
		Last Name:		First:					
Business: State of Kansas - Dept of Administration Address: 700 SW Harrison St, Suite 1200 direction from nearest town or intersection): If at owner's address, ch								r's address, check here:	
Address:		namson St, S	buile 120	U	1971 Sherman Ave., Ft Leavenworth, KS 66027				
City:	Topeka		State: KS	ZIP: 66603					
2 LOCATE WILL									
WITH "X" IN 4 DEPTH OF COMPLETED WELL: 499 ft. 5 Latitude: 59.329304 1070332									
SECTION	SECTION BOX: Depth(s) Groundwater Encountered: 1)								
1	N			3) ft., or 4)			Horizontal Datum: WGS 84 NAD 83 NAD 27		
			WELL'S STATIC WATER LEVEL:				for Latitude/Longitude		
X,,,,	NE		above land surface, measured on (mo-day-yr))	
NW	NE		Pump test data: Well water was ft.				(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map		
w	$+++_{\rm E}$		after hours pumpinggp				Online Mapper:		
CW	SE			water was	ft.				
sw	SE	after	hour	s pumping	ng gpm 6 Flavation: 821			. Constant Day	
	Estimated Yield:			gpm			6 Elevation: 821		
S Bore Hole I			ield:gpm iameter: 5.125 in to400 ft and			Source	Other KOLAR		
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID									
	☐ Household Household Dewatering: how many w								
	& Garden			techarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical		
	☐ Livestock 8. ☐ Monitoring: w						nermal: how many bore		
	. Irrigation 9. Environmental Remediation: we								
3. ☐ Feedlot ☐ Air Sparge									
4. 🔲 Indust	rial		Recovery	☐ Injection					
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:									
Water well disinfected? Yes No									
				C ■ Other HDPE	CAS	NG JOINTS	: Glued Clamped	d ■ Welded □ Threaded	
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ■ Other HDPE CASING JOINTS: ☐ Glued ☐ Clamped ■ Welded ☐ Threaded Casing diameter 1.25 in. to 400 ft., Diameter in. to ft.									
Casing height above land surface 60 in. Weight 1bs./ft. Wall thickness or gauge No. SDR11									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)									
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)									
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ■ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Geo ProTG Lite Thermally Enhanced Grout Grout Intervals: From 6. ft. to 400 ft., From ft. to ft., From ft. to ft., From ft. to ft., From ft. to ft.									
Nearest source of possible contamination:									
Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage									
Sewer		_	Cess Pool	☐ Sewage L		Fuel Storage		oned Water Well	
■ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify) Direction from well? Varies Distance from well? 10+									
10 FROM	TO		ITHOLO	GIC LOG	FROM	TO	LITHO. LOG (cont.) or	r PLUGGING INTERVALS	
0		Clay				ļ <u>.</u>			
32	45	Shale - Soft				ļ			
45	59	Limestone w							
59	400	Alternating La	avers of	Shale & Limestone					
									
Notes:									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged									
under my jurisdiction and was completed on (mo-day-year) 11/12/19 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 951 This Water Well Record was completed on (mo-day-year)									
under the h	nisiness nan	ne of Mever V	Vell Drilli	79.7 I IIIS W Na	aici weli Ke	ionature	teven S. Me	ear)	
Mail	1 white copy a	long with a fee of	\$5.00 for each	ch constructed well to: Ka	ınsas Denartmer	t of Health and	Environment, Bureau of W	ater, GWTS Section,	
Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau 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.kdhcks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015									