Z

				R WELL RECORD	Form WWC)-5	KSA 82a-12		N. N. N.
1 LOCATION	ON OF WATE	R WELL:	Fraction	_			n Number	Township Number	
County:	Rus	ssell	SW ½	SE ¼ S	SW 1/4	-	27	<u> </u>	s R 14 W
Distance and direction from nearest town or city street address of well if located within city? 615 W. Wichita, Russell KS.									
2 WATER WELL OWNER: Kansas Department of Health and Environment									
RR#, St. Address, Box# : 1000 SW. Jackson St. Suite 410 Board of Agriculture, Division of Water Resources									
RR#, St. Ad	dress, Box#	: 100	J SW. Jackson	St. Suite 410				•	
City, State,	ZIP Code	: lop	eka, KS. 66612-	1367				Application Numbe	я.
3 LOCATE WELL'S LOCATON WITH 4 DEPTH OF COMPLETED WELL 15.30 ft. ELEVATION: Depth/s) Groundwater Encountered 11.5 9 ft. 2 ft. 3 Ft.									
Depth(s) Groundwater Encountered 11.5 9 ft. 2 ft. 3 Ft.									
	N		WELL'S STATIC	WATER I EVEL	8.80	ft. be	elow land su	ırface measured on m	o/day/yr 12/10/2009
N WELL'S STATIC WATER LEVEL 8.80 ft. below land surface measured on mo/day/yr 12/10/2009 Pump test data: Well water was Ft. after hours pumping Gpm									
	!	!	Fullip Fat Viold	Com: Well w	ator was		Ft	after -	lours pumping Gpm
-	Est. Yield Gpm: Well water was Ft. after Hours pumping								in to Ft.
0.	Bore Hole Diameter 8.625 In. to 15 ft. and in. to WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify								11 Injection well
∰ W -			1 Domestic	3 Feed lot 6	6 Oil field w	ater su	pply	9 Dewatering	12 Other (Specify below)
	į	<u>j</u> _	2 Irrigation	4 Industrial 7	7 Lawn and	garder	n (domestic)) 10 Monitoring wel	∥ MW-1
	sw	SE	Was a chemical/	pacteriological samp	ole submitte	d to De	partment?	Yes No X	If yes, mo/day/yr sample was
	X	ļ !	Submitted				Wat	er Well Disinfected? `	Yes No X
5 TYPE O	F BLANK ĈAS	ING LISE		5 Wrought Iron	8 C	oncrete	e tile	CASING JOINTS:	Glued Clamped
		3 RI		6 Asbestos-Cem					Welded
1 Ste		_		7 Fiberglass		(5)	, ,		Threaded X
2 PV	С	4 AE	38	•					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Blank casing diameter 2 in. to 5 Dia In. to ft., Dia in. to ft. Casing height above land surface FLUSH In., weight SCH 40 Lbs./ft. Wall thickness or gauge No.									
Casing heig	ht above land	surface	FLUSH	In., weight	SCH 40	1	1 1 1 1 1 1 1 1 1	Mail thickness or agu	iao No
TYPE OF S	CREEN OR P	ERFORA	TION MATERIAL:			/ [v C	10 /10000000	oomon.
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 1 Steel 3 Stainless steel 5 Occupant tills 9 ARS 12 None used (open bole)									
2 Brass 4 Galvanized steel 6 Concrete tile 9 Ab3 12 Note used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes									
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)									
SCREEN-PERFORATED INTERVALS: From 5 ft. to 15 ft. From ft. to ft.									
			From	ft. to		. -	ft. F	rom	ft. to Ft.
SAN	ND PACK INTI	ERVALS:	From	4 ft. to	1	5	ft. F	rom	ft. to Ft.
			From				ft. F	rom	ft. to Ft.
6 GROUT	MATERIAL:	1 N	eat cement 2	Cement grout	3	Bento	nite	4 Other	
Ft. Ft. Ft. Grout Intervals From 2 .5 1.5 2 From 3 2 to 4 ft. From ft. to ft.									
What is the nearest source of possible contamination:									
1 Se _l	otic tank		4 Lateral lines	7 Pit p			11 Fuels	•	16 Other (specify below)
2 Se	wer lines		5 Cess pool	•					
3 Waterlight sewer lines 6 Seepage pit 3 recuyard 18 most and a seepage pit								Contaminated Site	
Direction fro	m well?						How many		NIIO INTERNALO
FROM	TO	CODE		OGIC LOG	FR	ОМ	то	PLUGG	BING INTERVALS
0	.5		Gravel Fill						
.5	10		Silty Clay (CL),						
10	14		Silty Clay (CL),	blue-grey					
14	15 TD		Silty Clay (CL), End Borehole	onve-green				 	
15	TD		Ella Bolellole						
									The same and the s
								<u> </u>	
								F 80 F	Management Committee of the Committee of
7 CONTE	ACTORIS OF	LANDOVA	MED'S CEDTICATION	ON: This water wel	l was (x) co	nstruct	ed. (2) reco	nstructed, or (3) plugg	ged under my jurisdiction and w
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w Completed on (mo/day/yr) And this record is true to the best of my knowledge and belief. Kansas									
				585		This \A/a	iter Well Ro	cord was completed o	on (mo/day/yr) 1/6/2010
		_ £). Associat	ed Environme	ental Inc	<u>.</u>	B.	v (signature) Brad	lev J Johnson
under the business name of Associated Environmental, Inc. By (signature) Bradley J Johnson INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka,									
Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									