| WATER WELL P | | WWC-5 | | ision of Water | | | GMW1 | | |
|--|--|---|--------------|--|----------------------------------|--|-----------------|--|--|
| Original Record | | ge in Well Use | | ources App. No | | Well ID | | | |
| 1 LOCATION OF W County: RUSSEL | | Fraction | I - | tion Number 27 | Township Numb | | ge Number | | |
| County: RUSSELL SE''A SE | | | | | | | | | |
| Business: KDHE-BER direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | |
| Address: 1000 SW JACKSON | | | | | | | | | |
| Address: City: TOPEKA State: KS ZIP: 66612-1367 | | | | | | | | | |
| A VOCAMO VIDA V | | | | | | | | | |
| 3 LOCATE WELL WITH "X" IN | MATTH "Y" IN 4 DEPTH OF COMPLETED WELL: | | | | | | | | |
| | SECTION BOX: Depth(s) Groundwater Encountered: 1)! ft. | | | | | Longitude: 98.85449 ((decimal degrees) Horizontal Datum: □WGS 84 ■ NAD 83 □ NAD 27 | | | |
| 2) | | | | | | | 33 □ NAD 27 | | |
| below land surface, measured on (mo-day-yr) | | | | Source for Latitude/Longitude: GPS (unit make/model:) | | | | | |
| above land surface, measured on (mo-day-yr | | | | (WAAS enabled? ☐ Yes ☐ No) | | | | | |
| Pump test data: Well water was ft. | | | | ■ Land Survey □ Topographic Map | | | | | |
| W | E after hours pumping | | | | ☐ Online Mapper: | | | | |
| SW SE | after hours pumping gpm | | | | 4000.05 | | | | |
| X | Estimated Yield:gpm | | | 6 Elevation: 1832.05 ft. Ground Level TOC | | | | | |
| S | | | | Source: ■ Land Survey ☐ GPS ☐ Topographic Map ☐ Other | | | | | |
| tt. | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | | |
| Household Household | 6. ☐ Dewaterin | | | 11. Test Hole: well ID | | | | | |
| ☐ Lawn & Garden | | | | ☐ Cas | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| ☐ Livestock | | | | | 12. Geothermal: how many bores? | | | | |
| 2. Irrigation | _ 0 | | | | a) Closed Loop | | | | |
| 3. ☐ Feedlot 4. ☐ Industrial | | | xtraction | | | | | | |
| | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | |
| Water well disinfected? ☐ Yes ■ No 8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other | | | | | | | | | |
| Casing diameter 2 in to 30 ft. Diameter in to ft. Diameter in to ft. | | | | | | | | | |
| Casing diameter 2 in. to 30 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 0 in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | | |
| 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 | | | | | | | | | |
| ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From .15 ft. to .30 ft., From ft. to ft., From ft. to ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Cement 0-0.5 | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| Septic Tank | | | | | | | | | |
| Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well | | | | | | | | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | |
| 10 FROM TO | LITHOLOG | | FROM | | ITHO. LOG (cont.) or | PLUGGING | INTERVALS | | |
| | TOPSOIL | IL DOG | INOW | -10 | | LUGGING | , and the value | | |
| | SILTY CLAY | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | 1000 March | | | WARREN . | | | | |
| | | | | | | | | | |
| | | 1 | Notes: | | | | | | |
| | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | |
| under my jurisdiction ar | nd was completed on (m | o-day-year) .1.1/6/17 | and t | his record is | true to the best of me | rknowledg | e and belief. | | |
| Kansas Water Well Con | tractor's License No. 5 | 85 This Wat | er Well Reco | ord was come | oleted on mo-day-ve | ar/12/4/1 | 7 | | |
| under the business name | of ASSOCIATEDE | NVIRONMENTALIN | .CSig | nature | | CWEE | | | |
| Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Burgan 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 | | | | | | | | | |

