WATER	WELL I	RECORD		WWC-5			sion of Water			MW-4	
		Correction		e in Well Use			rces App. No.		Well ID		
		VATER WEI	L:	Fraction		Secti	ion Number	Township Numb		ige Number	
County: Ness				NW1/4 SE1/4 SW1/4 SW1/4			31 T 18 S R 21 □ E ■ W				
2 WELL	Last Name:		First:	Street or Rural Address where well is located (if unknown, distance and					, distance and		
	KDHE	•	direction	direction from nearest town or intersection): If at owner's address, check he							
Address: 1000 SW Jackson St., Suite 410 Address:						214 North Main St.					
City:	Topeka		State: KS	ZIP: 66612							
3 LOCAT		T			40.5		T	39 4442	47		
WITH "		4 DEPTH	I OF COM	PLETED WELL:	5 05 °C	ft.	ft. 5 Latitude: 38.444247 (decimal degrees) Longitude: -99.691122 (decimal degrees)				
SECTIO	N BOX:			Encountered: 1)2			Longitu	de: -99.09 !	.! <i>44</i>	(decimal degrees)	
ľ	1			3) ft., or 4) TER LEVEL:				al Datum: WGS 8		83 LI NAD 27	
		I	below land surface, measured on (mo-day-yr)					Source for Latitude/Longitude:  GPS (unit make/model:)			
NW	NE		above land surface, measured on (mo-day-yr)				Li Gra	(WAAS enabled?			
Pump te			mp test data: Well water was ft.				Lane	Survey Topogr			
w	E	s pumping			Online Mapper:						
sw	Well was										
1 1	Estimated Yield:				pumping gpm			6 Elevation: 2121.98ft. Ground Level TOC			
<del></del>	S Bore Hole Diameter:			8.75 in. to 42.5 ft. and			Source: Land Survey GPS Topographic Map				
1 r	Diameter	in. to	ft. Other								
7 WELL WATER TO BE USED AS:											
1. Domestic				ater Supply: well ID.			10. 🔲 Oil F	ield Water Supply: 1	ease		
	☐ Household 6. ☐ Dewaterin			g: how many wells?			11. Test Hole: well ID				
	☐ Lawn & Garden 7. ☐ Aquifer Re			echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical				
1 —											
	2. ☐ Irrigation 9. Environmental Remediation: well 1 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor										
3. Feedlo					r Extraction	n					
4. Industrial Recovery Injection 13. Other (specify):											
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:											
Water well disinfected?   Yes No  A TAYLOR OF CASTAC VOID TO CASTA											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.											
Casing diameter											
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 .32.5 ft. to 42.5 ft., From											
GRAVEL PACK INTERVALS: From30.5. ft. to42.5. ft., From											
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other											
Grout Intervals: From											
Nearest source of possible contamination:   Septic Tank											
Sewer			Cess Pool	es			Fuel Storage		loned Water		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
☐ Other (Specify)											
Direction from well? ft.											
10 FROM	ТО		LITHOLO	GIC LOG	FRO	M	TO L	THO. LOG (cont.) o	r PLUGGIN	G INTERVALS	
0	5	Silt, brown, o									
5	15	Silt, gray bro						· · · · · · · · · · · · · · · · · · ·			
15	24.8		Clay, brown, moist, plastic					·			
24.8	30		Sandy Clay, light brown, moist								
30	42.5	Sand, light b	rown, fine	e, wet							
	ļ										
Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
11 CONT	RACTOR'	'S OR LAND	OWNER'	S CERTIFICATION	N: This	water	well was	constructed, $\square$ rec	onstructed,	or   plugged	
Kansas W	urisdiction	and was comp	leted on (n	no-day-year) .1-22- 004 This V	4444 Vater W-1	and th	nis record is t	rue to the best of n	ny knowled	ge and belief.	
under the h	noi wen Co nisiness nar	ne of Enviror	mental P	riority Service. Inc	valer WEI	Sim	nature	tt hat	(Cai)/.		
Mail	1 white copy a	long with a fee of	\$5.00 for each	ch constructed well to: K	ansas Depar	tment o	of Health and En	vironment, Bureau of V	ater, GWTS	Section,	
Mail 1 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.kdheks.gov/waterwell/index.html  KSA 82a-1212  Revised 7/10/2015										

