WATE	R WELL I	RECORD	Form	WWC-5	Div	ision of Wa	ater Reso	ources; App. No.		
County:	Ŧ	VATER WELL: Reno	SW 1/4	NE ¼	SW ¼	16		т 22	s	Range Number
County: Reno SW ¼ NE ¼ SW ¼ 16 T 22 S R 4 W Distance and direction from nearest town or city street address of well if located within city? 111 N Main St, Buhler, KS 67522 Latitude: N 38.13506°										
						Longitude	e: W 97	7.77071°		
2 WATER WELL OWNER: KDHE Elevation: RIM: 1479.85; TOC: 1479.64										
		Box # : 1000 S		vd		Datum:				
		ie : Topeka		vd		Data Coll	ection N	1ethod: legal s	urvey	
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 25.27 ft.										
LOCATON										
	H AN "X" IN	Denth(s) Groun	dwater Encor	untered 1			ft 2		ft 3	ft
	ION BOX:	WELL'S STAT	TIC WATER	I EVEI	17 00 ft	helow la	nd surfa	ce measured or	n mo/de	ft. ay/yr 7/3/13
SECI	N	Dume	tost detail W	Voll weter	17.50 1	. DCIOW IA	ofor	house		xy/y1 //3/13
		Pump	iesi data. V	veii watei	was	IL.	allei	nours	pumpii	ng gpm ng gpm
		Est. Yield	gpm: V	vell water	was	π.	aπer	nours	pumpıı	ng gpm
-NY	N— NE	WELL WATE	R TO BE USI	ED AS: 5	Public wa	ter supply	/ 8 Ai	r conditioning	II In	jection well
W 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well										r (Specify below)
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs										
	S	Sample was sul	mitted	-		1	Water W	ell Disinfected	? Yes	No X
S Sample was submitted Water Well Disinfected? Yes No X 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped										
3 1176	OF CASHIO	JUNED: 3	wrought from	1 (Concre	ie ille	CAS	ING JOHN 12:	Giuea	Clamped
1 St	eel 3	KMP (SR) 6	Aspestos-Cei	ment	Other (specify be	low)		Welded	i
(2)PV	/C 4	ABS 7	Fiberglass						Thread	ed X
Blank cas	ing diameter	2 in. to	10.27 ft.,	Dia	i	n. to	ft.,	Dia	in. 1	to ft.
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 10.27 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.21 ft., Weight lbs./ft. Wall thickness or gauge No.										
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)										
SCREEN OR PERFORATION OPENINGS ARE:										
1 Continuous slot (3) Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)										
1 Continuous slot 3 Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 10.27 ft. to 25.27 ft. From ft. to ft.										
SCREEN	-PERFORA I	ED INTERVALS:	From	10.27	. II. to	25.27	H. Fro	om	n. to	tt.
			From		tt. to		n. Fro	om	ft. to	ft.
GR	LAVEL PACK	INTERVALS:	From	8	ft. to	25.50	. ft. Fro	om	ft. to	ft.
			From		ft. to		ft. Fro	om	_ ft. to	ft.
From ft. to ft. From ft. to ft. GRAVEL PACK INTERVALS: From 8 ft. to 25.50 ft. From ft. to ft. From ft. to ft. From ft. to ft. From ft. to ft. From ft. to ft. 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1 feet										
Grout Intervals From 1 9 to 9 4 From 4 to 4 From 4 to 4 From 5										
Grout Intervals From 1 ft. to 8 ft. From ft. to ft. From ft. to ft. From ft. to ft. What is the nearest source of possible contamination:										
ı	tic tank		es 7 Pit priv	., 1	0 Livesto	ok nens	12 Inco	cticide Storage		16 Other (emosific
	er lines	5 Cess pool		lagoon (1				indoned water v	; ;;;;11	16 Other (specify
I.									wen	below)
	from well?	lines 6 Seepage p	ii 9 reedyai					well/ gas well		
Direction	from well?	NA		h	low many	reet? IN A	<u> </u>			
FROM	TO	LITHOL	OGIC LOG		FROM	TO		PLUGGING	INTE	RVALS
0	5 B	lack silty clay								
55	25.50 B	rown silty clay								
							Flushn	iount waiver f	rom B	ow
										eted, or (3) plugged
under my jurisdiction and was completed on (mo/day/year) Kansas Water Well Contractor's License No										
Kansas Wa	ter Well Contra	ctor's License No.	757				omplete	on (mo/day/yea	r)	23/13
		Larsen & Asso			by (signatu		_ H			
INSTRUCT	IONS: Please fil	l in blanks or circle the	correct answers	. Send top th	ree copies to	Kansas De	partmen	Health and Envi	ronment,	Bureau of Water,
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send of the 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.										
your records.	ree 01 \$5.00 to	cach constructed well	visit us at nttp	.//www.kane	ks.gov/water	WCII.		VI.		