| GSI Job No. 057470 | WATER WELL RI | ECORD Form | NAMA/O E | VSA 920 1 | 242 ID No | 1. | | M۱ | N-1 |
|---|------------------------------------|---------------------|---------------------------------|--------------|----------------------|---------------------------------|---------------------------------------|-----------------|---------------|
| 1 LOCATION OF WATER WELL: Fracti | | | | n Number | 212 ID No | Number | Range | Number | |
| | / ½ SE | | | 17 | T 24 | | | 32 | w |
| Distance and direction from nearest town or city s | treet address of we | ell if located wit | hin city? | | | 3 | N. | - | <u> </u> |
| 122 Anderson, Garden City | | | init only . | | | | | | |
| 2 WATER WELL OWNER: KDHE | | | | | | | | | |
| RR#, St. Address, Box # : 1100 | SW Jackson | St. Suite 41 | 0 | | Board of Ad | riculture, Divis | ion of Wate | r Resou | ırces |
| City, State, ZIP Code : Topel | ca, KS 66612 | | | | Application | | 7 | | |
| 3 LOCATE WELL'S LOCATON WITH | | | | | | | 00./700 | | |
| AN "X" IN SECTION BOX: | TH OF COMPLETE Groundwater Enco | D WELL | 49 | ft. ELE\ | /ATION: | 2832. | 99 (100 |) | |
| Depth(s) | Groundwater Enco | ountered 1 | 44 | ft. | . 2 | ft. : | 3 | | ft. |
| | STATIC WATER L | | | | | | | | |
| ₩ E Fst Viel | Pump test data: | | | | | | | | |
| | d gpm: | _ Well water w | as | f | t. after | hours po | ımping | | gpm |
| Bore Hol | e Diameter 8. | 5 in. to | 49 | | ft. and | in. | to | | ft. |
| X 1 WELL W | ATER TO BE USE comestic 3 Feed | Llot 6 Oil | nic water sur field water si | upiy upiv | 9 Dewater | ina 12 | Other (So | ell ecify be | (wal |
| \ | rigation 4 Indus | strial 7 Lav | n and garde | n (domestic | 10 Monito | ring well | + | | , |
| | nemical/bacteriolog | | | | | | moldaylyro | ample : | vae |
| | d | nour sample su | | | iter Well Disinfe | | 1 | | -03 |
| 5 TYPE OF BLANK CASING USED: | | ight Iron | | | CASING J | | | | |
| 1 Steel 3 RMP (SR) | | stos-Cement | | | | Welde | | amped | · |
| 2 PVC 4 ABS | | | | | | | aded I | Eluch | |
| | 7 Fiber | | | ; | A D:- | Inrea | aded I | เนธก | - |
| Blank casing diameter 2 in. to Casing height above land surface Flushmo | 39 π., i | Dia | in. to | | ft., Dia | | in. to | L 40 | ^{π.} |
| TYPE OF SCREEN OR PERFORATION MATER | in., weight | | | | | | | | |
| 1 Steel 3 Stainless steel | E Eiba | | | NO (CD) | 10 A | spesios-cemei | nt : | | |
| 2 Brass 4 Galvanized stee | I 6 Cond | grass crete tile | 0 1 | ABS | 10 A 11 C 12 N | tner (specity) one used (ope | n hole) | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | 8 Saw cut | | | | |
| | | | | | | | | | |
| 2 Louvered shutter 4 Key pund | | 7 Torch c | | | 10 Other (sp | ecify) | | | |
| SCREEN-PERFORATED INTERVALS: From | 39 | ft. to | 49 | ft. F | rom | ft. to | | | ft. |
| | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | 37 | ft. to | 49 | ft. F | rom | ft. to | 0 | | ft. |
| From | | ft. to | | ft. F | rom | ft. to | 0 | | ft. |
| 6 GROUT MATERIAL: 1 Neat cement | 2 Cement g | rout | 3 Bento | onite | 4 Other | | | | |
| Grout Intervals From 1 ft. to | 37 ft. Fro | om | ft. to | , | ft. Fror | n | ft. to | | ft. |
| What is the nearest source of possible contamina | ition: | | | | tock pens | | andoned wa | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel stor | | | | | • | | well/ Gas w | | |
| 2 Sewer lines 5 Cess | • | 8 Sewage la | • | | izer storage | 16 Oth | er (specify l | below) | |
| 3 Watertight sewer lines 6 Seep | age pit | 9 Feedyard | | | cticide storage | | | | |
| Direction from well? FROM TO CODE | LITHOLOGIC LOC | <u> </u> | FROM | How many | | PLUGGING IN | ITED\/ALS | | |
| 0 0.5 Concrete | | | I KOW | 10 | | LOGGING IN | TLIVALS | | |
| 0.5 6 CL-ML Silty Clay | | | <u> </u> | | | | - | | |
| 6 10 SP Sand with | silt and clay | | | | | | | | |
| 10 15 sw Sand | | | | | | | | | |
| 15 47 sw Sand with | gravel | | | | | | | | |
| 47 49 CL-ML Silty Clay | | | | | | | <u> </u> | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CER | | water well was | (1) construc | ted, (2) rec | onstructed, or (3 |) plugged unde | er my jurisdic | ction an | d was |
| completed on (mo/day/yr) | | | | | true to the best | | | ef. Kan | sas |
| Water Well Contractor's License No. | 531 | | This W | ater Well R | eoord was com | pleted on((mo | /day/yr) | 3-3- | |
| under the business name of Geotec | hnical Service | es, Inc. | by (sig | nature) / | Mun | on tol | | | |
| INSTRUCTIONS: Please fill in blanks and circl | e the correct answer | s. Send three co | opies to Kans | as Departme | nt of Health and | Environment, Bu | ureau of Wate | er, 1000 | SW |
| Jackson St., Ste. 420, Topeka, Kansas 66612-1 | 367. Telephone: 91 | 13-296-5545. Se | end one to WA | ATER WELL | OWNER and ret | ain one for your | records. | | |