WATER WELL RECORD Form WWC-5 Division of Water Resources; App. No.										
1 LOCA County:		ATER WELL:	Fraction NW ¼	SW ¼	SW ¼		Number 6	Township Numb	er Range Number R 32 W	
Distance as	nd direction fi	om nearest town	or city stre	et address c	of well if	Global Po	ositionin	g System (decimal of	degrees, min. of 4 digits)	
located wit	thin city? Hw	y 50 & Campus I	Or., Garden	City, KS 67	7846	Latitude	$\frac{1}{2} \frac{N3}{W1}$	7.96293°		
2 WATER WELL OWNER: KDHE							Longitude: W 100.84673° Elevation: RIM: 2825.87; TOC: 2825.44			
		ox # : 1000 S				Datum:	WG	S84		
City. St	tate. ZIP Code	: Topeka	KS 66612	)		Data Co	llection l	Method: legal surv	ey	
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 77 ft.										
LOCA	TON					MW9D	)		_	
WITH	AN "X" IN	Depth(s) Groun	ndwater En	countered 1			ft. 2	ft.	3 ft.	
SECTI	ION BOX:	WELL'S STA	TIC WATE	R LEVEL	59.95	ft. below	land surf	ace measured on m	10/day/yr 5/26/11	
	N	Pumj	p test data:	Well water	er was	1	ft. after	hours pu	mping gpm	
		Est. Yield	gpm:	Well wate	er was	i	ft. after	hours pu	mping gpm	
l ⊢nw		WELL WATE	R TO BE U	JSED AS:	5 Public	water supp	oly 8 A	ir conditioning 11	Injection well	
\n/   i		= 1 Domestic 3	Feed lot	6 Oil field	l water si	upply	9 Dev	vatering 12	Other (Specify below)	
"		2 Irrigation 4	Industrial	7 Domest:	ic (lawn	& garden)	(U)Mo	nitoring well		
H-sw-H-se-H										
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs										
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										
5 TYPE	OF CASING	USED: 5	Wrought I	ron	8 Con	crete tile	CAS	SING JOINTS: Gl	ued Clamped	
1 Ste	el 3	RMP (SR) 6	Asbestos-	Cement	9 Oth	er (specify l	below)	We	elded	
(2)PV	(2) PVC 4 ABS 7 Fiberglass Threaded X									
PVC 4 ABS 7 Fiberglass Threaded X  Blank casing diameter 2 in. to 52 ft., Dia in. to ft., Dia in. to ft.  Casing height below land surface 0.43 ft., Weight lbs./ft. Wall thickness or gauge No.										
Casing height below land surface 0.43 ft., Weight lbs./ft. Wall thickness or gauge No.										
TYPE OF SCREEN OR PERFORATION MATERIAL:  11 Other (specify)										
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 2 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)										
2 Louvered shutter Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)  SCREEN-PERFORATED INTERVALS: From 52 ft. to 77 ft. From ft. to ft.										
SCREEN-	PERFORATI	ED INTERVALS	: From	52	II. 10		H. F	rom	ft. to ft.	
(T)	ATTENDACE	TO TOPE TO A T. C.	From		II. 10	70	H. T	rom	ft. to ft.	
		INTERVALS:	7"		£4 +0		++ -	#O.m	tt to tt	
					11.10		(1)0.1	10111	10.	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite (4) Other Concrete: 0-2 ft										
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-2 ft Grout Intervals From 2 ft. to 48 ft. From 48 ft. to 50 ft. From ft. to ft.										
What is the nearest source of possible contamination:										
	tic tank				$\sim$			bandoned water we		
2 Sewer lines 5 Cess pool 8 Sewage lagoon (11) Fuel storage 14 Abandoned water well below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well										
	from well?		pit 5 root	ayara		any feet?		· · · · · · · · · · · · · · · · ·		
	,		HOLOGIC I	LOG	<del>-</del>	FROM	ТО	LITHO	LOGIC LOG	
FROM 0	TO 0.5 Co	oncrete	TOLOGIC !	LOU		1 1(()1/1		Dillio		
0.5		rown to gray brown	silty clay							
6		ery fine-med. orange								
10		ed-coarse orange br		gravel & cob	bles					
65	78 C	oarse sand w/ gravel	& cobbles						<u>, , , , , , , , , , , , , , , , , , , </u>	
							~~~~			
								Flushmount waiver fi	rom BOW	
									100	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 5/25/11 and this record is true to the best of my knowledge and belief.										
under my jurisdiction and was completed on (mo/day/year) 5/25/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on mo/day/year) 6/22/11										
under the business name of Larsen & Associates, Inc. by (signature)										
INCEPTION	TONS Diagra	Il in blanks or sirela	the correct one	owers Send to			Departure	n of Health and Enviro	onment, 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 to 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.										
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