WATER	WELL R	ECORD	Forn	ı WWC-	5	Division of Water Resources; App. No.					
1 LOCA' County:		ATER WELL:	Fraction SW 1/4	SW 4	SW ¼	Section 1	Number 6		p Number 24 s	Range Number R 32 W	
Distance at	nd direction f	rom nearest town	or city stree	et address o	of well if	Global Pe	ositionin	g System (ees, min. of 4 digits)	
located within city? Hwy 50 & Campus Dr., Garden City, KS 67846 Latitude: N 37.96228°											
A WAMED WELL OWNED. UNITE							Longitude: W 100.84646° Elevation: RIM: 2825.56; TOC: 2825.06				
2 WATER WELL OWNER: KDHE RR#, St. Address, Box # : 1000 SW Jackson						Datum: WGS84					
City St	i. Audress, D	e Toneka	W Jackson 3 KS 66612			Data Co	llection N	Method: le	gal survey		
City, State, ZIP Code : Topeka, KS 66612 Data Collection Method: legal survey 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 75 ft.											
LOCA'						MW131	D				
	AN "X" IN	Depth(s) Grou	ndwater End	countered 1			ft. 2		ft. 3	ft. lay/yr 5/26/11	
	ON BOX:	WELL'S STA	TIC WATE	R LEVEL	59.30	ft. below	land surf	ace measur	red on mo/c	lay/yr 5/26/11	
	N	Dum	n teet data.	Well wate	r was		ft after	ŀ	ours pump	ing gpm	
		Est. Yield	gpm:	Well wate	r was		ft. after	h	ours pump	ing gpm	
⊢nw.		- IWELL WATE	R TO BE U	SED AS: :	5 Public	water supp	ну в А	ir conditioi	ning 11 11	njection wen	
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											
SW-SE-											
	Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted Water Well Disinfected? Yes No X										
, ,	S	Sample was su	ibmitted				water v	ven Dismi	ected: 1 es	1NO A	
5 TYPE	OF CASINO	G USED: 5	Wrought In	ron	8 Con	crete tile	CAS	SING JOIN	ITS: Glued	Clamped	
1 Cto	a1 3	DMD (SD) 6	A chectoe-(^T ement	9 Oth	er (snecify	helow)		Welde	ea l	
(2) PV	C 4	ABS 7	Fiberglass						Threa	ded X	
PVC 4 ABS 7 Fiberglass Blank casing diameter 4 in. to 10 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.50 ft., Weight lbs./ft. Wall thickness or gauge No.											
Casing height below land surface 0.50 ft., Weight lbs./ft. Wall thickness or gauge No.											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
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)											
LCCDEEN OF PEDEOD ATION OPENINGS ARE:											
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)											
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 10 ft. to 75 ft. From ft. to ft.											
SCREEN-	PERFORAT	ED INTERVALS	S: From	10	It. to		п. г	rom	11. A	to ft	
	. TIPL D. CT		From -		II. 10	70	H. F	rom	11. fi	to ft.	
GRAVEL PACK INTERVALS: From 8 ft. to 78 ft. From ft. to From ft. to ft. From ft. to							to ft				
			From -		11. 10			10111		10.	
6 GROU	T MATERI	AL: 1 Neat ce	ment \mathcal{D} Ce	ement grou	t (3. 1 8	entonite	4)Othe	r Concret	te: 0-2 ft	C C.	
6 GROUT MATERIAL: 1 Neat cement Cement grout 3 Bentonite 4 Other Concrete: 0-2 ft Grout Intervals From 2 ft. to 6 ft. From 6 ft. to 8 ft. From ft. to ft.											
What is the nearest source of possible contamination:											
	ic tank		ines 7 Pit p	rivy						below)	
2 Sewer lines 5 Cess pool 8 Sewage lagoon (1) 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?		pr	i y ui u		nany feet?		_			
			TOT OCIC I	OC	<u>- </u>	FROM	TO		LITHOLO		
FROM	TO		HOLOGIC I	<i>.</i> 00		TICOM	10		1111020	GIC ECC	
0.5		oncrete Fray brown silty clay									
7		ery fine-med orange		wn sand							
10	15 F	ine-coarse sand w/ g	ravel								
15		Coarse sand w/ grave	l & cobbles								
55		Cobbles		<u> </u>							
60	78 C	coarse sand w/ grave	<u> </u>								
								Flushmount	waiver from	BOW	
								_			
7 CONT	RACTOR'S	OR LANDOW!	VER'S CEF	RTIFICAT	ION: T	his water we	ell was (1)	constructed	I, (2) reconst	ructed, or (3) plugged	
		was completed on	(mo/day/year	r) 5	5/24/11	and t	inis record	is true to the	day/vear)	knowledge and belief 6/22/11	
		actor's License No of Larsen & As	sociates In	, inis '	waiei we by (s	ignature)	as compie	(1107)	The Court		
INSTRICT	IONS: Diseas	ill in blanks or simle	the correct and	wers Send to			s Denartme	nt of Health a	and Environme	ent, 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 one 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.											
your records	. Fee of \$5.00 f	or each constructed w	ell. Visit us at	http://www.k	dheks.gov	/waterwell.		71	•		