GSI Job No. 128029 **KMW-13S**

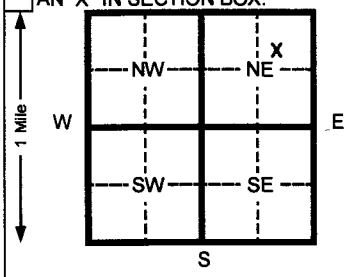
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Reno**	**SW** ¼ **NE** ¼ **NE** ¼	**29**	T **24** S	R **5** W

Distance and direction from nearest town or city street address of well if located within city?
Southwest of intersection Red Rock Rd. and S. Halstead St. – Yoder

2 WATER WELL OWNER: **Kansas Department of Health & Environment**
RR#, St. Address, Box # : **1000 SW Jackson St., Ste. 410** Board of Agriculture, Division of Water Resources
City, State, ZIP Code : **Topeka, KS 66612** Application Number:

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL **54.5** ft. ELEVATION: _____
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL **52.46** ft. below TOC measured on mo/day/yr **11/08/12**
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
Bore Hole Diameter **8.25** in. to **54.5** ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) **10 Monitoring well**
Was a chemical/bacteriological sample submitted to Department? Yes ____ No **X** If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes ____ No **X**

OFFICE USE ONLY

5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ____ Clamped ____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
2 PVC 4 ABS 7 Fiberglass _____ Threaded **Flush**
Blank casing diameter **2** in. to **44.5** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **0** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**
TYPE OF SCREEN OR PERFORATION MATERIAL: **7 PVC** 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot **3 Mill slot** 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From **44.5** ft. to **54.5** ft. From
From _____ ft. to _____ ft. From
GRAVEL PACK INTERVALS: From **42.5** ft. to **54.5** ft. From
From _____ ft. to _____ ft. From

GPS:
Latitude: N 37.938951
Longitude: W 97.888061

T

R

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other _____
Grout Intervals From **1** ft. to **42.5** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
What is the nearest source of possible contamination:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
13 Insecticide storage
Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5		**Silt,** dark to strong brown	44.5	45	**Clay,** pale brown
5	8		**Clayey Silt,** red brown	45	47.5	**Clayey Sand,** red yellow, medium grained
8	31.5		**Silty Clay,** yellow red, calcite, with some fine sand below 25'	47.5	52.5	**Sand,** with silt, some blay, fine to coarse grained, with gravel below 52'
31.5	33		**Clay,** with silt, yellow red	52.5	53.5	**Sandy Clay**
33	36		**Silty Clay,** pink to strong brown, with fine sand, thin caliche layer at 34.5'	53.5	54.5	**Sand,** light brown, medium grained
36	42.5		**Clayey Sand,** fine to coarse grained, calcite			
42.5	43.5		**Silty Sand,** red yellow			
43.5	44.5		**Clayey Sand,** pale brown			

SEC

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/yr) **11/08/12** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **03/01/13**
under the business name of **GSI Engineering, LLC** by (signature) _____

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.