GSI Job No. 128029 **KMW-14D**

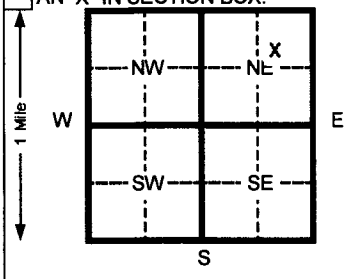
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL: County: **Reno** | Fraction: **SW** ¼ **NE** ¼ **NE** ¼ | Section Number: **29** | Township Number: T **24** S | Range Number: 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 **60** ft. ELEVATION:
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL **52.03** ft. below TOC measured on mo/day/yr **11/09/12**
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 **60** ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feed lot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden (domestic) 8 Air conditioning 9 Dewatering **10 Monitoring well** 11 Injection well 12 Other (Specify below) _____
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**

5 TYPE OF BLANK CASING USED: 1 Steel **2 PVC** 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) _____
CASING JOINTS: Glued ____ Clamped ____ Welded ____ **Threaded Flush**
Blank casing diameter **2** in. to **55** 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** 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot **3 Mill slot** 2 Louvered shutter 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole)
SCREEN-PERFORATED INTERVALS: From **55** ft. to **60** ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **53** ft. to **60** ft. From _____ ft. to _____ ft.

GPS:
Latitude: N 37.938556
Longitude: W 97.888312

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other _____
Grout Intervals From **1** ft. to **53** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below) _____
Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5		**Silt Loam,** dark brown	52	52.5	**Clay,** very pale brown
5	7.5		**Clay,** with silt, red brown	52.5	56	**Sand,** light yellow brown, medium grained
7.5	12.5		**Clayey Silt,** red brown to yellow red, calcite	56	56.5	**Clayey Sand,** brown, fine grained
12.5	35		**Silty Clay,** yellow red, calcite	56.5	58	**Sand,** brown, fine to medium grained
35	41		**Clay,** with sand, strong brown to pale brown, grading to Clayey Sand, medium grained	58	58.5	**Clayey Sand,** brown, fine grained
41	48		**Sand with Clay,** red yellow to strong brown, fine to medium grained, calcite	58.5	59.5	**Sand,** yellow red, medium to coarse grained
48	48.5		**Clay,** light brown gray to pale brown	59.5	60	**Shale,** mottled
48.5	52		**Sand,** strong brown, medium to fine grained			

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) **11/09/12** 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.

OFFICE USE ONLY T R SEC