| WATER WELL R | | WWC-5 | | sion of Water | | MW1 | | |
|---|---|--|--|---|---------------------|--|--|--|
| Original Record | | ge in Well Use | | irces App. No. | T No | Well ID | | |
| 1 LOCATION OF W County: SMITH | | Fraction SW1/4 SW1/4 SE1/4 | SE¼ | ion Number 15 | Township Numb | R 13 □ E ■ W | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | |
| Address: 1000 SW JACKSON ST | | | | | | | | |
| Address: City: TOPEKA State: KS ZIP: 66612 | | | | | | | | |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:30 | | | | | | | | |
| WITH "X" IN SECTION BOX: | Depth(s) Groundwater Encountered: 1) | | | | | | | |
| N SECTION BOX: | 2) ft. | Dry Well | Horizonta | Horizontal Datum: ☐ WGS 84 ■ NAD 83 ☐ NAD 27 | | | | |
| | WELL'S STATIC War below land surface | .(.!π. .vr). 9/8/20 | | r Latitude/Longitude | <u>;</u> ;) | | | |
| NW NE | ☐ above land surfac | yr) | | (WAAS enabled? ☐ Yes ☐ No) | | | | |
| W E | Pump test data: Well after hou | | ■ Land Survey ☐ Topographic Map ☐ Online Mapper: | | | | | |
| " SW SE | Well | it. | | | | | | |
| X I | Estimated Vield: | after hours pumping gpm Estimated Yield:gpm | | | | 6 Elevation: 1818.64ft. ☐ Ground Level ■ TOC | | |
| S | Bore Hole Diameter:8.5 in. to30 ft. and | | | Source: ■ Land Survey ☐ GPS ☐ Topographic Map | | | | |
| mile | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | | 10. 🔲 Oil Fi | eld Water Supply: 1 | ease | | |
| Household | 6. Dewatering: how many wells? | | | 11. Test Hole: well ID | | | | |
| ☐ Lawn & Garden ☐ Livestock | 7. 🔲 Aquifer 1 8. 🔣 Monitori | W1 | | ☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores? | | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | | a) Closed Loop | | | |
| 3. ☐ Feedlot 4. ☐ Industrial | ☐ Air Spar ☐ Recover | | Extraction | | | ischarge Inj. of Water | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted: | | | | | | | | |
| Water well disinfected? Yes No | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter 1. 10 in. to 1. 10 in. to 1. 10 ft. | | | | | | | | |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No. Sch. 40 | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | |
| ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 20 ft. to 30 ft., From ft. to ft., From ft. to ft. ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other CONCRETE 0-1 Grout Intervals: From 1 ft. to 18 ft., From ft. to ft., From ft. to ft. | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well | | | | | | | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | |
| ☐ Other (Specify) Direction from well? West Distance from well? 1.342 ft. | | | | | | | | |
| 10 FROM TO | LITHOLO | OGIC LOG | FROM | | | r PLUGGING INTERVALS | | |
| | TOPSOIL | 1277 M. J. | | | | | | |
| 1 30 | Silty Clay (CL) | | | | | | | |
| | · | | + | | | · | | |
| | | | | | | | | |
| | | | Matas: 116 | 000 45474 | | | | |
| Notes: U6-092-15171 | | | | | | | | |
| | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) .9/8/20 | | | | | | | | |
| Kansas Water Well Con | ntractor's License No. | 585 This W | ater Well Reco | ord was comp | leted on mo-day | rea r/ 19/1/1 /20 | | |
| under the business nam | ne of ASSOCIATED. | ENVIRONMENTAL. | JNCSig | nature | Word | James - | | |
| Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Burder of Materia, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. | | | | | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015 | | | | | | | | |

