WATER WELL RI		WWC-5		vision of Water	_	MW7	
Original Record		ge in Well Use		ources App. No.		Well ID	
1 LOCATION OF WA	ATER WELL:	Fraction		ction Number	Township Number		
County: SMITH		SW1/4 SW1/4 SE1		22	T 03 S	R 13 □ E ■ W	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and						unknown, distance and	
Business: KDHE direction from nearest town or intersection): If at owner's address, check here:							
Address: 1000 SW JACKSON ST							
Address: 505 E. HWY 36, SMITH CENTER, KS							
City: TOPEKA State: KS ZIP: 66612							
3 LOCATE WELL	4 DEPTH OF CON	ADI ETEN WEII.	30 f	5 Latitud	. 39.78497	(desimal dagrage)	
WITH "X" IN	4 DEPTH OF COMPLETED WELL: 30 ft. 5 Latitude: 39.78497 (decimal degrees) Depth(s) Groundwater Encountered: 1) 16 ft. Longitude: 98.78100 (decimal degrees)						
SECTION BOX:	2) ft. 3) ft., or 4) \(\bullet \) Dry Well				Horizontal Datum: WGS 84 NAD 83 NAD 27		
N	WELL'S STATIC WA	75 TED LEVEL. 19	161 &			■ NAD 83 LJ NAD 27	
	WELL'S STATIC WATER LEVEL: 19.61 ft. below land surface, measured on (mo-day-yr). 9/22/20				Source for Latitude/Longitude:		
' '	above land surface, measured on (mo-day-yr)				GPS (unit make/model:)		
NW NE	Pump test data: Well water was ft.				(WAAS enabled? Yes No)		
	after hours pumping gpm				■ Land Survey □ Topographic Map		
W	Well water was ft.				☐ Online Mapper:		
SW SE	1 aAaa baaraaraariaa						
x	Estimated Yield:gpm				6 Elevation: 1817.24ft. ☐ Ground Level ■ TOC		
S	Bore Hole Diameter: 8.5 in. to30 ft. and				Source: Land Survey GPS Topographic Map		
mile	in. to						
III. t/ It.							
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID							
1. Domestic:							
Household	6. ∐ Dewateri	ng: how many wells?	•••••	11. Test Ho	le: well ID		
☐ Lawn & Garden	7. 🔟 Aquifer R	Recharge: well ID		∐ Case	d 🔲 Uncased 🔲 Geo	•	
Livestock	8. Monitorii	ng: well ID!			mal: how many bores?.		
2. Irrigation		tal Remediation: well			ed Loop Horizontal		
3. Feedlot		ge 🔲 Soil Vapor	Extraction		Loop Surface Disch		
4. Industrial Recovery Injection 13. Other (specify):							
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:							
Water well disinfected? \square Yes \square No							
8 TYPE OF CASING	IISED. Steel PV	IC [] Other	CASI	NG IOINTS:	☐ Glued ☐ Clamped [Welded Threaded	
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other							
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							
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)							
SCREEN-PERFORATED INTERVALS: From .20 ft. to .30 ft., From ft. to ft., From ft. to ft.							
GRAVEL PACK INTERVALS: From 18 ft. to 30 ft., From ft. to ft., From ft. to ft., From ft. to ft.							
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other CONCRETE 0-1 Grout Intervals: From							
Grout Intervals: From							
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? .We	st-Northwest	Distance from	well? .1.280		ft.		
10 FROM TO	LITHOLO		FROM	, -		LUGGING INTERVALS	
0 1 T	OPSOIL						
	ilty Clay (CL)		*	 			
	, O.Q., (O.Z.)			 			
				 			
				 			
	·			ļ l			
				1			
	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 Contractor's License No. 585 This Water Well Record was completed on (morday-year) 9/11/20							
under the business name of ASSOCIATED ENVIRONMENTAL, INC. Signature							
Mail 1 white copy alo	ng with a fee of \$5.00 for ea	ach constructed well to: K	ansas Departmen	nt of Health and Er	vironment, Bureau of Wate	r, GWTS Section,	
Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, 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 8						Revised 7/10/2015	

