WATER WELL R		Form '	WWC-5		D	vision of Water				MW11	
Original Record			e in Well Use			sources App. N			Well ID		
1 LOCATION OF W	ATER WEI	L:	Fraction	o= .		ction Number				ge Number	
County: SMITH SW 1/4 SW 1/4 SE 1/4  2 WELL OWNER: Last Name: First:						reet or Rural Address where well is located (1f unknown, distance and					
Business: KDHE	ast Name:		First:								
Address: 1000 SW	JACKSON :	direction from nearest town or intersection): If at owner's address, check here:									
Address:		616 E. HWY 36, SMITH CENTER, KS									
City: TOPEKA	1	State: KS	ZIP: 66612								
3 LOCATE WELL WITH "X" IN	"Y" IN 4 DEPTH OF COMPLETED WELL:										
SECTION BOX:		Depth(s) Groundwater Encountered: 1)					Longitude: 98.78014 (decimal degrees) Horizontal Datum: WGS 84 NAD 83 NAD 27				
N	2)	ft.	3) ft., c TER LEVEL:	∐ Dry Well				□ NAD	83 🏻 NAD 27		
	well below	and surface	-yr) 10/5/21		Source for Latitude/Longitude:  GPS (unit make/model:)						
NWNE	☐ above l	and surface	, measured on (m	-yr)	Li Gr	(WAAS enabled? ☐ Yes ☐ No)					
			vater was		<b>■</b> La	■ Land Survey □ Topographic Map					
W	after		s pumping		□ Or	Online Mapper:					
SWSE	after		vater wass pumping								
<u>                                     </u>	Estimated Y	/ield:	gpm	. 8h.m		6 Elevation: 1820.33ft. Ground Level TOC					
S	Bore Hole	Diameter:	8.5 in to	ft. and	Source	Source: Land Survey GPS Topographic Map					
1 mile in. to ft. L_l Other											
7 WELL WATER TO BE USED AS: 1, Domestic: 5, □ Public Water Supply: well ID											
Household     Household	5. ☐ Public Water Supply: well ID						10. ☐ Oil Field Water Supply: lease				
☐ Lawn & Garden							☐ Cased ☐ Uncased ☐ Geotechnical				
☐ Livestock	7. ☐ Aquifer Recharge: well ID						12. Geothermal: how many bores?				
2.  Irrigation		9. Environmental Remediation: well ID					a) Closed Loop    Horizontal    Vertical				
3. ☐ Feedlot 4. ☐ Industrial	☐ Air Sparge ☐ Soil Vapor Extraction b) Open Loop ☐ Su☐ Recovery ☐ Injection 13. ☐ Other (specify):							ace Disc	charge ∐	Inj. of Water	
(-1, -1, -1, -1, -1, -1, -1, -1, -1, -1,											
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded											
Casing diameter											
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No. Sch 49.											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)											
SCREEN OR PERFORATION OPENINGS ARE:											
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)											
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ■ Other CONCRETE 0-1  Grout Intervals: From											
Nearest source of possible	l II. K e contaminat	)l.२ ion:	ft., From	• • • • • • •	. ft. to	ft., From .	It. to		It.		
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) No active USTs, fertilizer storage, or other possible contamination sources known w/in 500'											
Direction from well?											
10 FROM TO		LITHOLO	GIC LOG	tom v	FROM	TO	LITHO, LOG (c	ont.) or	PLUGGIN	G INTERVALS	
	TOPSOIL		0.0.200		110011	10	<u> </u>	JAMA / U.S.	4 4 4		
1 30 5	Silty Clay (C	L)							··		
										1	
		• • • • • • • • • • • • • • • • • • • •					•				
					<del></del>	110 000 17:77				# Yourk	
	Notes: U6-092-15171										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
under my jurisdiction at Kansas Water Well Con	nd was comp	leted on (r	no-day-year) 9	7.12.1	an	d this record i	s true to the bes	st of my	knowled	ge and belief.	
Kansas Water Well Con	ntractor's Lic	ense No.	585 T1	is W	ater Well R	ecord was con	pleted on (mo-	day ye	ar)/1,0/.1/1	21	
under the business nam	e of ASSU	~!^\\  .\\\	ch constructed well	1.AL.	ness Danaster	of Health and	Ensuronmatic Dura	and of Wa	E CATTO	Section	
Mail 1 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.kdhcks		A 82a-1212 Revised 7/10/2015									

