WATE	R WELL	RECORD	Forn	a WWC-5				urces; App.				
		WATER WELL:	Fraction	NIXI	NIE	Section Nu	ımber	Township	Number	Range Nu	ımber	
County:	nd direction	nawnee	NE ½	et address o	f well if G					R 16		
Distance and direction from nearest town or city street address of well if Global Positioning System (decimal degrees, min. of 4 digits) located within city? 3101 E. 6 th St., Topeka, KS 66607 Latitude: NA												
Longitude: NA												
2 WATER WELL OWNER: Low Cost Holding							Elevation: TOC: 891.53; RIM: 891.90					
RR#, St. Address, Box # : PO BOX 728							Datum: NAVD88 Data Collection Method: legal survey					
City, State, ZIP Code : Lawrence, KS 66044-0728 Data Collection Method: legal survey 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 15 ft.												
LOCA		5 4 DEFINO	r COMIT LE	TED WEI		MW3						
	AN "X" II	N Depth(s) Grou	ndwater End	countered 1			ft. 2		ft. 3		ft.	
	ION BOX:	1	TIC WATE	R LEVEL	6.03 f	below lar	nd surfa	ce measure	d on mo/o	lay/yr 5/2	6/10	
	N	Pum	p test data:	Well water	r was	ft.	after	ho	urs pump	ing	gpm	
N Pump test data: Well water was ft. after hours pumpin Est. Yield gpm: Well water was ft. after hours pumpin										ing	gpm	
											1	
W 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well											below)	
W		2 Irrigation 4	Industrial	7 Domestic	c (lawn & g	garden) (0)Mon	itoring well	l . <u></u> .			
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs												
S Sample was submitted Water Well Disinfected? Yes No X 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped												
5 TYPE	OF CASIN	IG USED: 5	Wrought I	ron	8 Concre	te tile	CAS	ING JOIN	S: Glued	Clamp	ed	
1 Ste	eel 3	3 RMP (SR) 6	Asbestos-(Cement	9 Other (specify be	low)		Welde	ed		
(2)PV	C 4	ABS 7	Fiberglass						Threa	ded?	ζ	
PVC4 ABS7 FiberglassThreadedXBlank casing diameter2 in. to5 ft., Diain. toft., Diain. toft.												
Casing height below land surface 0.47 ft., Weight lbs./ft. Wall thickness or gauge No.												
TVDE OF CODERN OD DEDEODATION MATEDIAL.												
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)												
ISCREEN OR PERFORATION OPENINGS ARE:												
1 Continuous slot 3 Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 5 ft. to 15 ft. From ft. to ft.												
2 Louvered snutter 4 Key punched o wire wrapped 8 Saw Cut 10 Other (specify) SCREEN_DERFORATED INTERVALS: From 6 to 16 to 16 to 16												
SCREEN-	-PERFORA	IED INTERVALS	Erom		11. 10	12	- H. Fr	OIII	AL. !		tt.	
GR	AVEL PAC	K INTERVALS:	From		ft. to	15	ff Fr	om	ft. 1	to	1	
	arv DD 1110	AL IIVILIK VILLO.	From		ft. to		ft. Fr	om	ft. 1	to	ft.	
C CDOI	IT MATER	TAT. 1 Nort on										
Grout Inte	orvole Er	NAL: 1 Neat cer om 1 ft. to	ment 2 Ce	Erom	(2) Poetiti	to (2		From	U-1	ft to	-	
What is th	ne nearest so	urce of possible co	ntamination	. гіош				rioiii			1.	
	tic tank		ines 7 Pit p		10 Livesto	ck pens	13 Inse	ecticide Sto	rage	16 Other (specify	
	er lines		ol 8 Sewa	ige lagoon ((1) Fuel st			andoned wa		below)		
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well												
Direction	from well?	S			How many	/ feet? _~5	0 feet	·				
FROM	TO	LITHC	LOGIC LO	G	FROM	TO		PLUGG	ING INT	ERVALS		
0		Topsoil										
1	15	Dark gray clayey	silt			-						
						+	<u> </u>					
											-	
							Flucks	nount waiv	ver from	ROW		
					- 	+	riusul	nount wall	ei Hom	DO 11		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged												
under my j	urisdiction an	d was completed on	(mo/day/year	5/2	25/10	_ and this	record is	s true to the	best of my	knowledge an		
		tractor's License No.					omplete	1 00 (110/0a)	y/year)	5/17/10		
l .		of Larsen & Ass			_ by (signa			de ters			·	
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for												
your records	Fee of \$5.00	for each constructed we	ell. Visit us at	http://www.kd	heks.gov/wat	rwell.						