WATE	R WELL	RECORD	Forn	ı WWC-5	Divis	sion of Wa	ater Reso	urces; App. No.			
1 LOCA	ATION OF	WATER WELL: Douglas	Fraction NE 1/4	NE ¼ N	NW 1/4	ection N 30	umber	Township Nur	nber S	Range Number R 20E E/W	
County: Douglas NE 1/4 NE 1/4 NW 1/4 30 T 12 S R 20E E/W 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? 739 N. 2 nd St., Lawrence, KS Latitude: N 38° 59'06.3" Longitude: W 95° 14'06.7"											
2 WATER WELL OWNER: PDO Investors, LLC							Elevation: 820.80 TOC / 821.02 pin				
RR#, St. Address, Box # : PO Box 3150						Datum:					
City, S	City, State, ZIP Code : Lawrence KS 66046						Data Collection Method: legal survey				
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 17 ft. LOCATON MW3											
1		N Domath (a) Consum	danatan Dala	4		MW3	e 2		a 2	۵	
	I AN "X" I ION BOX:	Deptn(s) Groun	idwater End	ountereal	12 11 A	halaw la	π. Z	II	π . 3	ft. ay/yr 8/21/06	
SECI	N	WELL SSIA	test data	Well water	13.11 11.	Delow la	after	houre r	. IIIO/U numni	ng 6/21/00	
		Test Vield	onm	Well water	was 	ft.	after	hours r	oumpi	ng gpm	
Est. Yield gpm: Well water was ft. after hours pumping gpm Well water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below										iection well	
										W E Domestic 3 Feed for 6 Off field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10 Monitoring well	
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											
1 Ste	1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded										
(2) PV	2 PVC 4 ABS 7 Fiberglass Threaded X										
PVC4 ABS7 FiberglassThreaded XBlank casing diameter2 in. to17 ft., Dia in. to ft., Dia in. to ft.											
Casing height above land surface 0 in Weight lbs./ft. Wall thickness or gauge No.											
TYPE OF SCREEN OR PERFORATION MATERIAL: 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)											
ICODERNIAN DEDEAN ATION ADENINIAS ADE.											
1 Continuous slot 3 Mill slot 5 Guaze 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 7 ft. to 17 ft. From ft. to ft.											
2 Louvered snutter 4 Key punched o wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 7 ft to 17 ft From ft to 4											
BUKEEN	-i Ektroka	TED INTERVALS.	From	/	ft to	1./	ft Fro)III)III	ft te	,	
From ft. to ft. From ft. to GRAVEL PACK INTERVALS: From 5 ft. to 17 ft. From ft. to										······································	
			From		ft. to		ft. Fro	om	ft. to	ft.	
From ft. to ft. From ft. to ft. From ft. to ft.											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other cement 0-2' Grout Intervals From 2 ft. to 5 ft. From ft. to ft. From ft. to ft.											
What is the nearest source of possible contamination:											
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify											
I .	er lines	5 Cess pool		ge lagoon (1				indoned water w	/ell	below)	
		er lines 6 Seepage p	oit 9 Feedy			_	15 Oil	well/ gas well			
	from well?				low many						
FROM	TO		LOGIC LOG	3	FROM	TO		PLUGGING	INTE	RVALS	
3	5	Concrete Silt, some stiff area	o doult hu	over GH/				DEA	<u></u>		
	5	gravel, dry, no odo		JWII, 1111/				REC		VED 	
7	9	Silt, moist, brown,		th							
9	11	Silt, moist, brown,	wet	•				UCT	20	2006	
:	17	TD									
								BUREAU	OF 1	NATER	
							Flushm	ount waiver b			
									, 20. 2		
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/year) 7/26/06 and this record is true to the best of my knowledge and belief.											
under my j	urisdiction a	nd was completed on (mo/day/year)	7/26/06	on W/-11 D						
		ntractor's License No. e of Larsen & Asso			er Well Rec by (signatu	,	omple	/ ////		19/00	
							AXX	of Haalth and Enviro		Rureau of Water	
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 well. Visit us at http://www.kdheks.gov/waterwell.											