WATER V	VELL R	ECORD	Form WWC-5	Divisio	n of Wate	r Resou	urces; App. No.	T 27 1	
1 LOCATI	ON OF W	ATER WELL:	Fraction NW 4 NW 4 NE or city street address of wel	Sec 14	tion Nun 11	nber	Township Number T 12 S	Range Number R 5 E	
Distance and	direction f	rom nearest town	or city street address of wel	l if Glob	al Posit	ioning	System (decimal de	grees, min. of 4 digits)	
located within	a city?		•	1 1.701	muu.		2 died		
740 W 6th Ju	ty, KS		Lo	Longitude: 96.85183 Elevation: RIM: 1123.22; TOC:1122.79					
2 WATER	WELL O'	WNER: MRP I	Properties Company, LLC			RIM: NAV	1123.22; 100:112 D88	4.17	
RR# St A	Address B	nx#: 5590B	. Havana St.	1 111	tum:	INA V	1088 Iethod: legal survey	J	
City, State	e, ZIP Cod	e : Denver	CO 80239-2031		ia Conec	LIOH IV.	ft.		
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 47									
LOCATO			4	11/	. yy 18	A O	ft ?	ξ ft	
WITH A		Depth(s) Groun	ndwater Encountered 1 FIC WATER LEVEL 38.	EO C 1	_11	11. 4 <u>.</u> 1 00-4-6-	in a mangurad on mo	/day/yr 10/26/11	
SECTIO!	N BOX:	WELL'S STA	FIC WATER LEVEL 38.	70 ft. b	elow land	o surta	hours rum	ning ming	
	1	Pump	test data: Well water was	3	rt. a	nter	nours pum	ninggpill	
	x	Est. Yield	o test data: Well water was gpm: Well water was	} 	it. a	inter	nours pum	Injection well	
Hww-	- NE -								
		1 Domestic 3	Feed lot 6 Oil field water	er supply	Ž	y Dew	atering 12 O	mer (Specify delow)	
W E 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 Sample was submitted Water Well Disinfected? Yes No X								
	3	Sample was su	bmitted		W	ater W	ell Disinfected?	es NO A	
TOWNS OF CASENCIER, 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped									
1				741 (can	anatar bal	O11/1	VV PAI	nea .	
1 Steel	3	ARC 7	Fiberolass	(op	.,	,	Thre	eaded X	
DI-VC	4 	ADO /	27 ff Dia	in	to	ft.	, Dia	in. to ft.	
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Threaded X Blank casing diameter 1 in. to 32 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.43 ft., Weight lbs./ft. Wall thickness or gauge No.									
Casing height	below lan	a surface 0.4	MATERIAI			_ , , u			
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify)									
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)									
SCREEN OR PERFORATION OPENINGS ARE:									
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 1 Continuous slot 2 Louvered shutter 1 Continuous slot 3 Mill slot 5 Gauze wrapped 8 Saw Cut 10 Other (specify) 10 Other (specify) 11 Frame fit to									
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 32 ft. to 47 ft. From ft. to ft.									
SCREEN-PE	ERFORAT	ED INTERVALS							
			From	t. to		rt. F	rom	ι. ωII.	
GRAY	VEL PACI	INTERVALS:	From 32 ft From 30 ft	t. to	47	ttF	romT	L. W	
			From	t, to		II. I	10111	L. W 20	
GRAVEL PACK INTERVALS: From 30 ft. to 47 ft. From ft. to ft.									
Grout Inton	ole Ees	m 1 ft to	30 ft From	ft. t	0	ft	. From	ft. to ft.	
What is the nearest source of possible contamination:									
	1 Sentia tents 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecucing Storage 10 Outer (specif								
2 Sewer		5 Cess poo	1 8 Sewage lagoon (11)	Fuel stor	age	14 At	oandoned water wel	l below)	
3 Water	tight sewe	· lines 6 Seepage	pit 9 Feedyard 12	Fertilize	storage		il well/ gas well		
				w many			~~~~~~~~~~~~~~~~~		
				FROM	TO	T	PLUGGING IN	VTERVALS	
FROM	TO		TOGIC FOR	1 1/OTAT	10			AND THE STREET, STREET	
0		and fill & bentonite							
1		Iard brown clay Aedium brown sandy	velav			1			
16		Aedium brown sand Aedium brown sand	, citty						
24	-7/ I	iculum bionii sailu							
						ļ			
						-	/	POW	
						Flush	nmount waiver fro	III BUW	
				T mi'	, 11	1	Daniel Olympia	potructed or (3) plugged	
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) 10/24/11 and this record is true to the best of my knowledge and belief									
under my juri	sdiction an	d was completed on	(mo/day/year) 10/24	r Wall Da	and this	comple	ted on (moldovivear)	12/14/11	
Kansas Water Well Contractor's License No. 757 . This Water Well Record was completed on (morelay/year) 12/14/11 under the business name of Larsen & Associates, Inc. by (signature) INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 SW Letters St. Spite 420. Tengka Kansas 66(12-1367). Telephone 785-296-5522. Send of the WATER WELL OWNER and retain one for									
§					V-uses D	Lutuana	t o Health and Environ	ment Bureau of Water	
						eparime 22. Senc	OTTEN WATER WELL	OWNER and retain one for	
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KSA 82a-1212