WAIL	K WELL	RECORD	1.0111	1 11 11 0-	J DIVI	31011 01 11	ates reso	urces, App. 110.			
		WATER WELL: Johnson	Fraction SW 1/4	SW 4	SE 4	Section N 24	lumber	Township Num T 14	ber S	Range Number	
Distance	and direction	on from nearest town	or city stree	et address o	f well if G	lobal Po	sitioning	System (decima	degree	es, min. of 4 digits)	
Distance and direction from nearest town or city street address of well if located within city? 504 E Main, Gardner KS Clobal Positioning System (decimal degrees, min. of 4 digits)											
2 WATER WELL OWNER: Taylor Oil Inc. Elevation: RIM: 1051.41; TOC: 1051.03											
RR# St Address Box # · PO Box 581 Datum: NAVD88											
City, State, ZIP Code : Wellsville, KS 66092 Data Collection Method: legal survey											
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 14.5 ft.											
LOCATON MW5											
1											
i	WITH AN "X" IN Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. SECTION BOX: WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr										
SECI	C C										
	i	Est. Yield	gpm:	well water	r was	n	. arter	nours p	umping	g gpm	
-NY	VNE-	WELL WATE	R TO BE U	SED AS: 5	Public wat	er supply	y 8 Au	r conditioning 1	1 Inje	ection well	
w	t.	E Domestic 3	Feed lot	6 Oil field	water suppl	У	9 Dewa	atering 12	Other	(Specify below)	
W 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10) Monitoring well											
-swse											
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											
	s —	Sample was sub	mitted				Water W	ell Dismfected?	Yes	No X	
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped											
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded											
1 200	ee1	3 KWIP (SK) 0	Aspesios-C	ement	9 Offici (s	pechy of	210W)	T	hranda		
(2)PV	<i>(C</i>	4 ABS /	ribergiass	D .			<u>-</u>	D:-	4.	ч <u>л</u>	
Blank cas	ing diamete	er 2 in. to	5 n	, Dia	¹¹	1. to	IL.,	Dia	in. ic)II.	
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 5 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.38 ft., 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)											
2 Brass 4 Galvanized steel 6 Concrete tile 8 KM (SK) 10 Asbestos-Cement 12 None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE: 1. Continuous slot (3) Mill slot 5. Gauze wrapped 7. Torch cut 9. Drilled holes 11. None (open hole)											
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 14.5 ft. From ft. to ft.											
SCREEN-PERFORATED INTERVALS: From 5 ft. to 14.5 ft. From ft. to ft											
SCILLEIT	TIME OIL		From		ft to	-1.771	ft Fro	חוו	ft. to	ft.	
GP	AVET DA	CK INTERVALS:	From	 1	ft to	14 5	ft Fro	m	ft to	ft.	
l OK	AVELIA	OR INTERVALS.	From		ft to	.17.5	ft Fro	om	ft to	ft	
From II. to II. From II. to II.											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1'											
Grout Intervals From 1 ft. to 4 ft. From ft. to ft. From ft. to ft.											
What is the nearest source of possible contamination:											
1 Sept	tic tank	4 Lateral lin						cticide Storage		6 Other (specify	
	er lines	5 Cess pool			11) Fuel stor			ndoned water we	ell	below)	
3 Wat	tertight sew	er lines 6 Seepage p	it 9 Feedy				15 Oil	well/ gas well			
Direction	from well?				How many	feet?					
FROM	TO		OGIC LOC	·	FROM	TO		LITHOLO	GIC I	OG	
0	1.5	Topsoil	oole Boe		1		 				
1.5	10	Gray clay w/ oxidized n	ottling gradir	ng to olive							
		Yellow w/ gray mottling		<u></u>							
10	10.25	Chert									
10.25	14.5	Olive green weathered	hale w/ oxidiz	ed & dark							
		mottling									
					-						
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) 12/8/14 and this record is true to the best of my knowledge and belief.											
under my ju	risdiction ar	nd was completed on (r	no/day/year)	12/	8/14	and this	recordis	arde to the best of	my kno	owledge and belief.	
		tractor's License No.						en (mo/dawyear)	1/7	//15	
		of Larsen & Asso			by (signatu						
INSTRUCT	IONS: Please	fill in blanks or circle the	correct answe	ers. Send top	three copies to	Kansas De	partmen	Health and Environ	nment. I	Bureau 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 on the 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.											