WATER	R WELL	RECORD	Form	WWC-5	Divis	ion of Wa	ter Reso	urces; App	. No.		
County:	Wa	WATER WELL: baunsee	SW ¼	SW ¼ N	JE ¼	2		T	Í4 s	Range Number R 8E 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? Latitude: N 38°51'48.6"											
505 N. Main Street, Alta Vista Longitude: W 96°29'23.8"											
2 WATER WELL OWNER: Farmers Coop Assn – Alta Vista Elevation: 1456.70 pin / 1456.36 toc											
RR#, St. Address, Box # : 505 N. Main St						Datum: Data Collection Method: legal survey					
City, S	tate, ZIP Co	de : Alta Vi	sta, KS			ata Colle	ction N	<u>1ethod: le</u>	gal survey		
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 25 ft.											
LOCATON WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 16.61 ft. below land surface measured on mo/day/yr 9/28/06											
WITH	AN "X" IN	N Depth(s) Ground	ndwater Enc	ountered 1			ft. 2		ft. 3	ft.	
SECT	ION BOX:	WELL'S STAT	ΓΙC WATE	R LEVEL 1	6.61 ft.	below lar	nd surfa	ce measu	ed on mo/d	ay/yr 9/28/06	
	N	Pump test data: Well water was ft. after hours pumping gpm									
i	[i]	Est. Yield	gpm:	Well water w	as	ft.	after	ŀ	ours pumpi	ng gpm	
L	/ \ <u>.</u>	WELL WATE	R TO BE US	SED AS: 5 P	ublic wate	er supply	8 A i	r condition	ning 11 Ir	jection well	
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Inject 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (er (Specify below)		
V										or (opening below)	
										If you moldoy/ym	
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										
(A) DV	(a) DVC 4 ADC 7 Ethander										
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 15 ft., Dia in. to ft., Dia in. to ft. Casing height above land surface 0 in., Weight lbs./ft. Wall thickness or gauge No.											
Casing height shove land surface 0 in Weight lbs /ft Wall thickness or gauge No.											
TANDE OF CORFERIOR DEPENDENT ATTOM MATERIAL.											
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify)											
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:											
1 Continuous slot (3) Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)											
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 15 ft. to 25 ft. From ft. to ft.											
SCREEN-PERFORATED INTERVALS: From 15 ft. to 25 ft. From ft. to ft.											
			From		ft. to		ft. Fr	om	ft. te	o ft.	
GR	AVEL PAC	K INTERVALS:	From	13	ft. to	25	ft. Fr	om	ft. te	o ft.	
			From		ft. to		ft. Fr	om	ft. to	o ft.	
CDOX	YOU BY A CONTIN	TAT. 1 N-4	2.0-		<u></u>	: (1			0.21		
6 GROU	JI MATER	IAL: I Neat cen	nent 2 Cei	nent grout	(3 Bentor	iite (4	Otner	cement,	0-2'	ft. toft.	
Grout Inte	ervais Fr	om 2 ft. to	13 ft.	From	tt. t	0	n.	From		nt. to nt.	
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											
	er lines	5 Cess poo		ge lagoon (1)				andoned w		below)	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well											
Direction from well? How many feet?											
FROM	TO	LITHO	LOGIC LOG	3	FROM	TO		PLUG	GING INTI	ERVALS	
0		Concrete									
3		Clay w/abundant	silt, grev bla	ck. moist					•		
8		Clay, red brown, v							•		
		oxidized	,,	,							
13	15	As above, trace sil	t		'						
18	20	Clay w/silt, light r	ed brown, s	lightly stiff,							
		moist, limestone fi									
23		Sand w/silt, abund									
		loose, yellow-red,					Flushn	nount wa	iver by D. T	Taylor	
		Refusal									
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) Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 11/2/06											
									ay/year)1	1/2/06	
		of Larsen & Ass			by (signatu		1			•	
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 top to WATER WELL OWNER and retain one for											
Geology Sec	ction, 1000 SW	Jackson St., Suite 420, for each constructed we	Topeka, Kansa:	s 66612-1367. T	elephone 78	5-296-5522	. Send	to WATE	R WELL OW	NER and retain one for	
Lyour records	. 1 00 01 \$3.00	ioi cacii <u>constructeu</u> we	ii. visit us at fi	LLP.// WWW.KUIICH	S. SUV/ Water	** C11.		-			