WATER WELL RECORD			Form WWC-5 Division of Water Resources; App. No.					
1 LOCA	TION OF	WATER WELL:	Fraction	S	ection Numbe	Township Number	Range Number	
County: Wabaunsee SW ½ SW ½ NE ½ 2 T 14 S 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°51'47.7"								
505 N. Main Street, Alta Vista Longitude: W 96°29'23.7"								
2 WATER WELL OWNER: Farmers Coop Assn – Alta Vista					Elevation: 1455.68 pin / 1455.37 toc			
RR#, St. Address, Box # : 505 N. Main St					Datum:			
City, State, ZIP Code : Alta Vista, KS					Data Collection Method: legal survey			
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 23 ft.  MW7								
1	I ON I AN "X" II	N Donth(a) Groun	dwater Engagetared 1			2 4 2	ا ۵	
1	ION BOX:	WELL'S STAT	dwater Encountered 1	DDV 4	holow land av	L II. 3	dov/vm 0/29/06	
SECT								
N Pump test data: Well water was ft. after hours pumping gpm Est. Yield gpm: Well water was ft. after hours pumping gpm								
LANGE LANGE WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well								
1 I i	X   1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)							
E 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10) Monitoring well								
-sw	SW + SE - 2 Migation 4 industrial 7 Domostic (lawn & garden) (joynomoring wen							
	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	or CASII	REPUBLICATION OF THE PROPERTY	A chector-Cament 0	Other (c	nacify balow)	baw.	od	
2 PV	1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded  7 Fibographics 7 Fibographics 7 Threaded Y							
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 13 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 above land surface 0 in Weight lbs /A Wall thickness or gauge No.								
TYPE OF	SCREEN (	OR PERFORATION	MATERIAL:		105./10. 4	van unekness of gauge	140.	
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)								
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 13 ft. to 23 ft. From ft. to ft.								
Jordan		TED IIII TELITIFIC	From	ft. to	ft.	From ft.	to ft.	
GR	AVEL PAG	CK INTERVALS:	From 11	ft. to	23 ft.	From ft.	to ft.	
			From	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 11 ft. From ft. to 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								
2 Sewer lines 5 Cess pool 8 Sewage lagoon (1) Fuel storage 14 Abandoned water well 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	ТО	LITHO	LOGIC LOG	FROM	ТО	PLUGGING INT	ERVALS	
3	5	Clay w/abundant				120001101111		
		damp, oxidized						
8	10	Clay, red brown, r						
13	15	As above, very stif	<u>f</u>					
20	22	As above As above, w/grave	l vofucel					
	23	As above, w/grave	i, reiusai					
		77.44				757.770.404		
					Flus	shmount waiver by D.	Taylor	
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								
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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send of 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.								