			Form WWC-5				ources; App. No				
1 LOCA	ATION OF	WATER WELL:	Fraction		Section 1	Number	Township N	umber	Range Number		
County:	and direction	n from nearest town	or city street address of	NW ¼	Clobal Po	b ositionine	T 16	S	R 19 E		
County: Franklin NW ½ NW ½ NW ¼ 36 T 16 S R 19 E  Distance and direction from nearest town or city street address of well if located within city? 429 Main St, Ottawa, KS 66067  104 E Logan St, Ottawa, KS 66067  2 WATER WELL OWNER: KDHE (Baxter Oil)  RR#, St. Address, Box # : 1000 SW Jackson City, State, ZIP Code : Topeka, KS, 66612  Data Collection Method: legal survey											
104 E Logan St, Ottawa, KS 66067 Longitude: NA											
2 WATER WELL OWNER: KDHE (Baxter Oil)					Elevation: TOC: 891.35; RIM: 891.65						
RR#, St. Address, Box # : 1000 SW Jackson					Datum: NAVD 88						
City, S	City, State, ZIP Code : 1 opeka, KS, 66612						Data Collection Method: legal survey				
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 18 tt.											
		NJ D41-(-) C	. J		MW6			6 2	•		
1	I AN "X" I	N Depth(s) Groun	ndwater Encountered 1	4 40	Δ 1 1 · · ·	n. 2		π. 3	ft.		
SECI	ION BOX:		TIC WATER LEVEL								
N Pump test data: Well water was ft. after hours pumping gpm											
Est. Yield gpm: Well water was ft. after hours pumping gpm  NW NE WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well											
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)											
W   E   Dolliestic 3 Feed for 6 On field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well											
!											
SW SE Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs											
Sample was submitted  Was a chemical bacteriological sample submitted to bepartment: Tes Ind X, if yes, mortally yes  Sample was submitted  Water Well Disinfected? Yes  No X											
TO THE PROPERTY OF THE SECOND											
5 TYPE	OF CASI	NG USED: 5	Wrought Iron	8 Conc	rete tile	CAS	ING JOIN 12:	Glued	Clamped		
1 Ste	eel	3 KMP (SR) 6	Asbestos-Cement	9 Otner	(specify b	below)		Welder	d , ;		
(2) PV	/C	4 ABS 7	Fiberglass		::			I hread	led 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  (2) PVC 4 ABS 7 Fiberglass Threaded X  Blank casing diameter 2 in. to 3 ft., Dia in. to ft., Dia in. to ft.  Casing height below land surface 0.30 ft., Weight lbs./ft. Wall thickness or gauge No.											
Casing height below land surface 0.30 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)											
1 Continuous slot											
2 Louvered snutter 4 Key punched 6 wire wrapped 8 Saw Cut 10 Other (specify)											
SCREEN.	-renrona	TED INTERVALS.	From	- ft. to -	10	A Fr	om . <b></b>	1t. tc	)		
GP	AVEL DAG	TENTERVALS.	From 2	- ft to	18	ft. Fr	om	ft to	)		
J ON	MYLLIA	DR INTERVALS.	From 2 From	ft to	10	ft. II. ft Fr	om	ft to	/		
			110111	_10.10_		(1)			/		
6 GROU	UT MATEI	RIAL: 1 Neat cen	nent 2 Cement grout	(3) Biser	itonite	4)Otner	Concrete: 0-	11t			
Grout Intervals From 1 ft. to 2 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)											
	ver lines	5 Cess pool	* * *				indoned water		16 Other (specify below)		
		er lines 6 Seepage p					well/ gas well		below)		
	from well?				ny feet? ~		Work Bus Worl	•			
	<del>,</del>			<del> </del>	<del></del>		PLUGGIN	CINTE	DVALC		
FROM	TO 1		OLOGIC LOG with limestone gravel and sa		ROM TO	<u></u>	PLUGGIN	GINIE	.KVALS		
<u> </u>	1	some clay	vitii itmestone graver and sa	iiu,			······································				
1	4		ne gravel, decreasing sand.			<u> </u>					
		increasing clay									
4	5	Gray brown silty clay,									
5	18	Dark gray brown silty	clay, some very fine sand					<del></del>			
						+					
	<del></del>	<del></del>				Flushn	nount waiver	from B	ow		
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)  3/3/10											
I .		tractor's License No.				completed	t on (mo/day/ye	<u>a</u> y) <u>3</u>	3/3/10		
1		of Larsen & Asso		by (sign			The state of	Men.			
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Halith 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											
vour records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.											