WATE	R WELL	RECORD	Form WWC	C-5 D	vision of W	Vater Reso	ources; App. No														
County:		WATER WELL: Marion	SW 1/4 NE 1/4	NW ¼	7		Township N	S	R	5 E											
Distance and direction from nearest town or city street address of well if located within city? 106 E 5 <sup>th</sup> St., Florence KS  Latitude: N 38.24224° Longitude: W 96.92549°																					
2 WAT	ER WELL	OWNER: Shank	Elevation: RIM: 1269.01; TOC: 1268.38																		
RR#, 9	Box # : 400 Wi		Datum: above mean sea level																		
			Newton, Kansas, 671		Data Col	lection N	Method: legal	survey													
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 23 ft.  LOCATON MW5																					
	TON I AN "X" I	N Denth(s) Grout	ndwater Encountered	1	MIWS	ft 2		ft 3		fì											
1	ION BOX	WELL'S STAT	TIC WATER LEVEL	11.5	ft. below la	and surfa	ace measured of	on mo/c	dav/vr	6/17/09											
3201	N	Pump	test data: Well wat	ter was	ft	t. after	hour	s pump	ing	gpm											
	,	Est. Yield	gpm: Well wat	er was	ft	t. after	hour	s pump	ing	gpm											
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection we										n well											
W SE SE Variation 4 Industrial 7 Domestic (lawn & garden) Dewatering 12 Other (Specify below)  Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs																					
												S	Sample was sul	omitted			Water W	ell Disinfecte	d? Yes	3	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 Ste	eel	3 RMP (SR) 6	Asbestos-Cement	9 Other	(specify b	elow)		Welde	ed												
Plank ass	/C ina diamata	4 ABS /	Fiberglass & Die		in to	<del>-</del>	Dia	Threa	ded	Х											
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 8 ft., Dia in. to ft., Dia in. to ft.  Casing height below land surface 0.63 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)																					
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:																					
1 Continuous slot (3) Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)																					
SCREEN OR PERFORATION OPENINGS ARE:  1 Continuous slot 3 Mill slot 5 Gauze wrapped 7 Torch cut 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)  SCREEN-PERFORATED INTERVALS: From 8 ft. to 23 ft. From ft. to ft. From ft. to ft. GRAVEL PACK INTERVALS: From 6 ft. to 23 ft. From ft. to ft. Fro																					
SCREEN-	-PERFORA	TED INTERVALS:	From 8	ft. to	23	ft. Fr	om	ft. t	ю	ft.											
CD	AND DA	OF DITEDIAL C.	From	ft. to		ft. Fr	om	It. t	.0	It.											
GR	AVEL PA	CK INTERVALS:	From	ft to	43	H. Fr	om	II. l	.0												
COOLE MATERIAL 1 Nest correct 2 Court																					
GROUT MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite (4)Other Concrete: 0-2 ft  Grout Intervals From 2 ft. to 4 ft. From 4 ft. to 6 ft. From ft. to ft.																					
What is th	ne nearest so	ource of possible cor	tamination:			V 10.	110111		- 11. 10 -												
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																					
I	er lines	5 Cess pool					andoned water		bel	low)											
		er lines 6 Seepage p Northwest	of 9 Feedyard				well/ gas well														
FROM	TO		LOGIC LOG	FRON	y feet? <u>~</u> 1	100 11	PLUGGIN	GINT	ERVAI	<u> </u>											
0	1	Grass, topsoil; bro		TRON	1 10		LUGGIN	O INTI	DIVAL	15											
		moderate plasticity	with fine to coarse																		
1	10	limestone gravel, n																			
11	10	moist	oderate plasticity,				ADDE	-07													
10	23		igh plasticity, moist			+ 6	JUKKE		LU												
						Fluchn	nount waiver	from I	POW/												
						Tusin	nount waives	HOUI I	, <del>,,,,,</del>												
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																					
under the h	usiness name	e of Larsen & Asso	ciates. Inc.	water wen i by (signa		complete	u our (mo/day/ye	ar)/	141/09	_											
INSTRUCT	IONS: Please	e fill in blanks or circle th	e correct answers. Send to	op three copies	to Kansas D	epartment	of Health and Env	vironmen	it, 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 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.																					