| 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? 325 W. Sycamore St. Chaunte, KS 66720 | WATER WELL RE | CCORD | Form WWC-5 | | | | ces; App. No. | | | |
|--|--|--|--|----------------------|--------------------|-----------------|-----------------------------|-------------|------------------------|--|
| Latriuce 37,89025 Latriuce 47,89025 Latriuce Latriuce | 1 LOCATION OF WA | TER WELL: Fraction S | tion W ¼ SW ¼ SW | Se V ¼ | ction Num | nber [| Γownship Νι τ 27S | ımber | Range Number R 18E | |
| 2 WATER WELL OWNER: Florilla Tiona RRW, St. Address, Box # 102 W. Ohio St. City, State, ZIP Code | Distance and direction from located within city? 1325 | om nearest town or cit 5 W. Sycamore St, Ch | ty street address of we nanute, KS 66720 | La | atitude: | 3/,690. | 25 | nal degr | ees, min. of 4 digits) | |
| 3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX: N SECTION BOX: N SECTION BOX: N SECTION BOX: N SECTION BOX: N SECTION BOX: N SECTION BOX: N SECTION BOX: N SECTION BOX: N SECTION BOX: N SECTION BOX: N SECTION BOX: N SECTION BOX: N SEX: Yield spm: Well water Was ft. after hours pumping gpm gpm: Well water was ft. after hours pumping gpm gpm: Well water was ft. after hours pumping gpm gpm: Well water was ft. after hours pumping gpm gpm: Well water was ft. after hours pumping gpm gpm: Well water was ft. after hours pumping gpm gpm: Well water was ft. after hours pumping gpm: Mell water | RR#, St. Address, Box | x # : 102 W. Ohi | o St. | El D | levation: atum: | RIM: 9 | 951.22, TOC 3 | | | |
| LOCATON WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 2.57 ft. below land surface measured on mo/day/yr 7.26/10 Pump test data: Well water was ft. after hours pumping gpm 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) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10 Monitoring well 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10 Monitoring well 2 Property 2 Property 2 Property 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, mo/day/yrs Sample was submitted 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 Property 2 Property 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded X Stainless steel 5 Fiberglass Threaded X Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify) 10 Asbestos-Cement 12 None used (open hole) 1 Other (specify) 10 Asbestos-Cement 12 None used (open hole) 1 Other (specify) 10 Asbestos-Cement 10 Other (specify) 10 Asbestos-Cement 11 None (open hole) 10 Asbestos-Cement 12 None used (open hole) 11 None (open hole) 12 From 1 ft. to 6 ft. From 1 ft. to ft. From 1 ft. to ft. From 1 ft. to ft. From ft. to f | 3 LOCATE WELL'S | 4 DEPTH OF CO | MPLETED WELL | | 6 | | ft. | | | |
| SECTION BOX: N | LOCATON | | son | | MW13 | | | | | |
| SECTION BOX: N | | Depth(s) Groundwa | ter Encountered1 | | f | ft. 2 | | ft. 3 | ft. | |
| Pump test data: Well water was ft. after hours pumping gpm well water well 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 Department? Yes No X; if yes, mo/day/yrs was a chemical/bacteriological sample submitted to Department? Yes No X; if yes, mo/day/yrs was a chemical/bacteriological sample submitted to Department? Yes No X; if yes, mo/day/yrs ample was submitted was a chemical/bacteriological sample submitted to Department? Yes No X; if yes, mo/day/yrs was a chemical/bacteriological sample submitted to Department? Yes No X; if yes, mo/day/yrs was a chemical/bacteriological sample submitted to Department? Yes No X; if yes, mo/day/yrs was a chemical/bacteriological sample submitted to Department? Yes No X; if yes, mo/day/yrs was a chemical/bacteriological sample submitted to Department? Yes No X; if yes, mo/day/yrs was a chemical/bacteriological sample submitted to Department? Yes No X; if yes, mo/day/yrs was a chemical/bacteriological sample submitted to Department? Yes No X; if yes, mo/day/yrs was a chemical/bacteriological sample submitted to Department? Yes No X; if yes, mo/day/yrs was a chemical/bacteriological sample submitted to Department? Yes No X; if yes, mo/day/yrs was a chemical/bacteriological sample submitted to Department? Yes No X; if yes, mo/day/yrs was a chemical/bacteriological sample submitted to Department? Yes No X; if yes, mo/day/yrs was a chemical/bacteriological sample submitted to Department? Yes No X; if yes, mo/day/yrs was a chemical/bacteriological sample submitted to Department? Yes No X; if yes, mo/day/yrs was a chemical/bacteriological sample submitted to the fit of t | | TWELL'S STATIC V | VATER LEVEL 2. | . 5 7 tt. t | below land | i surface | e measured c | n mo/a | ay/yr // 26/10 | |
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| S TYPE OF CASING USED: 5 Wrought Iron 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded | | Was a chemical/bac | teriological sample su | ıbmitted t | to Departm | nent? | Yes No | X ;] | If yes, mo/day/yrs | |
| Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 PVC 4 ABS 7 Fiberglass Threaded X | * | Sample was submitt | ed | | Wa | ater We | ll Disinfecte | d? Yes | No X | |
| PVC 4 ABS 7 Fiberglass Threaded X | 5 TYPE OF CASING | USED: 5 Wro | ought Iron 8 | Concrete | tile | CASIN | IG JOINTS: | Glued | Clamped | |
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| Grout Intervals From 1 ft. to 2 ft. From ft. to ft. From ft. to ft. From ft. to ft. What is the nearest source of possible contamination: 1 Septic tank | 1 Continuous slot | (3) Mill slot | 5 Gauze wrapped | 7 Torch | cut 9 |) Other | d holes 1 | 1 None | (open noie) | |
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| Grout Intervals From 1 ft. to 2 ft. From ft. to ft. From ft. to ft. From ft. to ft. What is the nearest source of possible contamination: 1 Septic tank | GRAVEL PACK | INTERVALS: F | rom 2 f | t. to | 6 | ft. From | m | ft. t | o ft. | |
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| 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) 7/26/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757 . This Water Well Record was completed on (mo/day/year) 8/25/10 | | | | | | | | | | |
| under the business name of Larsen & Associates, Inc. by (signature) | | | | | | 1 | \$1100 P | | Paragraf 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 one to 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. | | | | | | | | | | |