WATER WELL	RECORD	Fo	rm WWC-5		Division of Water Resources; App. No.				
1 LOCATION OF WATER WELL: County: NEOSHO		Fracti	on 4 NE 1/4 N		Section Number Township Num T Z S			Range Number R 2.0 (E)W	
Distance and direction from nearest town or city street address of well if Global Positioning Systems (decimal degrees, min. of 4									
located within city	y?		Latitude: 37.565 74						
						Longitude: 95.2394/			
2 WATER WELL OWNER: VANDEAFOLD & ASSEL					Elevation: 893				
RR#, St. Address, Box # : 3218 NE 154th Terr					Datum: 685				
City, State, ZIP (Code : Smith	IL MO	241189		Data Coll	lection]	Method:		
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL SOC. ft.									
LOCATION	LOCATION								
WITH AN "X" I	N Depth(s) Ground	Depth(s) Groundwater Encountered (1)ZIE ft. (2)ft. (3)							
SECTION BOX	: WELL'S STATIC WATER LEVEL								
N	N Pump test data: Well water was								
X	Est. Yield	۲gpm: Well	water was		ft. after		hours pumping	gpm	
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well								jection well	
w									
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well									
ow or									
Was a chemical/bacteriological sample submitted to Department? Yes NoX; If yes, mo/day/yrs									
Sample was submitted									
S									
5 TYPE OF CASIN	NG USED: 5 Wr	ought Iron	8 Concr	ete tile		CASING	G JOINTS: Glued	Clamped	
2 PVC 4	ABS 4 7 Fib	erglass		HIPPE	· · · · · · · · · · · · · · · · · · ·		Threade	d	
1 Steel 3 RMP (SR) 6 Asbestos-Cement Other (specify below) Welded. 2 PVC 4 ABS 7 Fiberglass Threaded. Blank casing diameter in. to 500 ft., Diameter in. to ft., Diameter in. to ft.									
Casing height above land surface									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless Steel 5/Figerglass 7 PVC 9 ABS 11 Other (Specify)									
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)									
SCREEN OR PERF	ORATION OPENING								
1 Continuous slot 3 Mill slot 5 Juzed 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									
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft. From ft. to ft., From ft. to ft. GRAVEL BACK INTERVALS: From ft. to ft.									
GRAVEL FACK INTERVALS. FIGHT									
From ft. to ft., From ft. to ft.									
COOLT MATE	DIAI. 1 Neet come	nt 2 Comont	Dan	tonita 1	Othor				
6 GROUT MATEI	From O ft.	nt 2 Cement	grout 3 Ben	100110 4	Other	···········	Fram -	A to A	
Grout Intervals:			. it., From	 11	. 10	1	t., From	11. 1011.	
1	source of possible cont		siver 17	Livestos	k none	12 In	sacticida stornoa	16 Other (magify	
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 11 Fuel storage 14 Abandoned water well below)									
3 Watertight s				2 Fertilize	_		il well/gas well	OPEN FIRED	
	?	, 1	-		_		gas wen		
FROM TO		LOGIC LOG		FROM	TO		PLUGGING IN		
		LOGIC LOG	I i Tago - mado		-	150	nestone	ILICOTES	
	LAY, BROWN	1741 1/5/	LIMPSTONIZ		456				
	SHALF GRAY	151214	SHALE	456		SMA			
	IMPSTONE	214 218	LEMPSTENE	500	562	-Jn	MEXTONE		
35 56	SHALE, GRAY	218 241	SHALF						
	LIME-STONE	241 261	LIMESTONE						
	SHALF GRAY	261 314	SHALE						
	LIMPSTUNE	314 333	CAMESTINE						
	SHAUF URMY	333 342	SHALLING						
126 138	LINIESTONE	342 346	LIMITATION	.					
138 141 SHALE CRAY 1346 455 SHALE GENTLEMENT									
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) and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. 366 This Water Well Record was completed on mo/day/year) 3/23/09									
under the business name of Sociated Willing W. by (signature) by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or cacle the correct answers. Send top									
	anie of Wascuta	CA ENTITION							
INSTRUCTIONS: Use	typewriter or ball point per	n. <i>PLEASE PRES</i>	S FIRMLY and PI	RINT clearly	. Please fi	ll in blank	s, underline or circle the	correct answers. Send top	
INSTRUCTIONS: Use three copies to Kansas D	typewriter or ball point per epartment of Health and En one to WATER WELI	n. PLEASE PRES vironment, Bureau	SE FIRMLY and PI u of Water, Geolog	RINT clearly gy Section, 1	. Please fi 000 SW Ja	ll in blank ckson St.,	s, underline or citele the Suite 420, Topeka, Kans	as 66612-1367. Telephone	