		RECORD		n WWC-:	5 Divi	ision of W	Vater Res	ources: App. No)	
1 LOCA	ATION OF	WATER WELL: Wilson	Fraction SE 1/4	SW ¼	NW ½	Section N	Number	Township N	lumber S	Range Number
County: Wilson SE ½ SW ½ NW ½ 12 T 29 S R 14 E Distance and direction from nearest town or city street address of well if located within city? 610 N. 4 th St., Fredonia, KS Latitude: N 37.53690° Longitude: W 95.83095°										
2 33/4 703	ED WELL	OWNED OF I	C) 11			Longitud	le: <u>W 9</u>	95.83095°	2.067.0	
2 WATER WELL OWNER: Charles Chandler RR#, St. Address, Box # : PO Box 564 Elevation: RIM: 867.57 TOC: 867.37 Datum: above mean sea level										
City S	State ZIP C	ode : Chanut	(304 e KS 6672)	n		Datum: Data Col	lection 1	Method: legal	SIITVEV	
3 LOCA	TE WELL	'S 4 DEPTH OF	COMPLE	TED WEL	I. 12 3	Data Col	ilection i	ft.	Survey	
LOCATON MW6										
1	I AN "X" I	N Denth(s) Groun	dwater End	countered 1		111 110	ft 2		ft. 3	ft
	ION BOX:	WELL'S STAT	CO WATE	RIEVEL	4 22 ft	below l	and surf	ace measured	on mo/d	ft. lay/yr 11/11/08
5201	N	Pumr	test data:	Well water	was	ft	t. after	hour	s pumpi	ing gnm
		1 Est. Yield	gnm:	Well water	was	ft	t. after	hour	s pumpi	ing gpm ing gpm
L NV	v	WELL WATE	R TO BE U	SED AS: 5	Public wa	ter suppl	v 8 Ā	ir conditioning	11 lr	niection 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 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10) Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs									
W										
-sw										
	S	Sample was su	bmitted				Water V	Well Disinfecte	d? Yes	No X
5 TYPE	OF CASI	NG USED: 5	Wrought In	ron	8 Concret	e tile	CAS	SING JOINTS:	Glued	Clamped
1 Ste	eel	3 RMP (SR) 6	Asbestos-C	Cement	9 Other (s	specify b	elow)		Welde	d
(2) Dt	7.0	4 A D.C	TT:11						T1	1. 3 47
Blank casing diameter 2 in. to 3 ft., Dia in. to ft., Dia in. to ft.										
Blank casing diameter 2 in. to 3 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.20 ft., Weight lbs./ft. Wall thickness or gauge No.										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
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 (3) Mill slot 5 Gauze 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 3 ft. to 12.3 ft. From ft. to ft.										
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)										
SCREEN-	-PERFORA	TED INTERVALS	From	3	ft. to	12.3	ft. F	rom	ft. to	o ft.
an		CK INTERVALS:	From		ft. to		ft. F	rom	ft. to	o tt.
GR	AVEL PAG	CK INTERVALS:	From	2	It. to	12.3	n. F	rom	n. to	ο π.
			From		it. to		π. Ε	rom	n. t	o ft.
6 GROU	JT MATEI	RIAL: 1 Neat cen	nent 2 Ce	ment grout	(3) Bento	nite (4)Othe	r Concrete: 0	-1 ft.	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1 ft. 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 2 Sewer lines 5 Cess pool 8 Sewage lagoon (1) Fuel storage 14 Abandoned water well below)										
	er lines	5 Cess pool						andoned water		below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard Direction from well? SW 12 Fertilizer storage 15 Oil well/ gas well How many feet? ~125										
							123			
FROM	TO		LOGIC LO		FROM	TO	1	PLUGGIN	GINT	ERVALS
0	1	Grass, topsoil, Silty cla	y, dark brow	n, moist,	 					
3	8	no odor Clay, gray brown, som	e silt high nic	eticity moist		 				
<u> </u>		no petrol odor	c sire ingli pia	isticity, moist	<u>' </u>	+				
	12.3	Auger refusal at ~12.3	feet on limest	one						
							1			
							Floor	mount waiver	from T	ROW
					 		r iusii	mount waiver	TI OILL D	, v v
7 CONT	RACTOR'	S OR LANDOWN	ER'S CER	TIFICATI	ON: This w	ater well	was (1)	constructed, (2)	reconstru	icted, or (3) plugged
under my j	urisdiction ar	nd was completed on (mo/day/year) 9/	3/08	and thi	s record	is true to the bes	t of my k	mowledge and belief.
Kansas Wa	ter Well Cor	tractor's License No.	757	. This W		cord was	complete	on (mo)day/y	ear)	1/2/09
1		of Larsen & Asse			by (signati					
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										
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.										