WATE	R WELI	RECORD	Form	n WWC	- 5 D	vivision of Water	r Reso	urces; App. No.		
		WATER WELL:	Fraction		NUN	Section Num	ber	Township Number	Range Number	
County:CrawfordNE ¼NE ¼NW ¼24T29sR23Distance and direction from nearest town or city street address of well ifGlobal Positioning System (decimal degrees, min. of 4 d									R 23 E	
located within city? Latitude: <u>37.51356</u> °										
220 N. Summit, Girard Longitude: 94.84316°										
2WATER WELL OWNER:Sixty-Six Food Mart Inc.Elevation:TOC: 996.64; RIM: 996.97RR#, St. Address, Box #:PO Box 876Datum:WGS84										
RR#, St. Address, Box #: PO Box 876Datum:WGS84City, State, ZIP Code: Parsons, KS 67357-0876Data Collection Method: legal survey										
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 13ft.										
LOCATON MW1										
WITH AN "X" IN SECTION BOX:Depth(s) Groundwater Encountered 1ft. 2ft. 3ft.WELL'S STATIC WATER LEVEL2.61ft. below land surface measured on mo/day/yr1/11/11										
SECT	SECTION BOX: WELL'S STATIC WATER LEVEL 2.61 ft. below land surface measured on mo/day/yr 1/11/11									
N Pump test data: Well water was ft. after hours pumping gpm										
Est. Yield gpm: Well water was ft. after hours pumping gpm										
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well										
W E 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)										
	2 ingaton 4 industrial 7 Domestic (lawn & garden) Withonitoring wen									
-sv	- sw-+- se									
Was a chemical/bacteriological sample submitted to Department? Yes No X ; If yes, mo/day/yrs Sample was submitted										
s Sample was submitted Water Well Disinfected? Yes No X 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped										
5 TYPE	C OF CASI	NG USED: 5	Wrought Ir	on	8 Conc	rete tile	CASI	NG 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 0.33 ft., Weight Ibs./ft. Wall thickness or gauge No.										
Diank casing unaneuer 4 in to 5 it., Dia in to in., Dia in to it.										
TYPE OF SORFEN 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)										
INCREEN OR PERFORATION OPENINGS ARE										
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 13 ft. From ft. to ft.										
From ft. to ft. From ft. to ft.										
GRAVEL PACK INTERVALS:Fromft. toft. toft. toft. toGRAVEL PACK INTERVALS:From2ft. to13ft. Fromft. toft.										
From ft. to ft. From ft. to ft.										
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite (4) Other Concrete: 0-1ft										
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										
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 (11) Fuel storage 14 Abandoned water well below)										
3 Watertight sewer lines 6 Seepage pit 9 Feedyard Direction from well? W 12 Fertilizer storage 15 Oil well/ gas well How many feet? ~15 ft										
							L			
FROM	TO		OGIC LOO	j	FROM	1 TO		PLUGGING INTE	ERVALS	
0.2	0.2	Asphalt Concrete								
0.5	5	Black silty clay								
5	12	Brown clay with gray mottling					N			
12	13	Gray-tan shale								
						Fb	Ishmo	unt waiver from BOW		
							~			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (constructed, (2) reconstructed, or (3) plugged										
under my jurisdiction and was completed on (mo/day/year) <u>12/14/10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>1/26/11</u>										
Kansas Wa	ter Well Cor	tractor's License No.	757	This W			pleted	on (mo/day/year) 1/	26/11	
		e of Larsen & Asso			by (signa		\checkmark		· ·	
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.										
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