WATE	R WELL	RECORI	D	Fori	n WWC-5	5 Div	Division of Water Resources; App. No.					
County:	C	WATER Waren	1	NE ¼	NE 1/4	NW ¼	24		T	29 s	Range Number R 23 E	
Distance and direction from nearest town or city street address of well if Global Positioning System (decimal degrees, min. of 4 di located within city? Latitude: 37.51368°											rees, min. of 4 digits)	
220 N. St	ummit, Gir	ard	~ ~			Longitude: 94.84354°						
2 WAT	ER WELL	OWNER:	Sixty-Si	x Food M	art Inc.		Elevation: TOC: 996.77; RIM: 997.14					
RR#, St. Address, Box # : PO Box 876 City, State, ZIP Code : Parsons, KS 67357-0876							Datum: WGS84 Data Collection Method: legal survey					
							Data Cone	ection is	ft.	egai survey		
A COLUMN A PRINT OF COMMENTAL MANAGEMENT AND A PRINT A												
1			٠. ٥	1	11		W W	6 0		e 2	ft.	
1	I AN "X"]	N Depth(s) Ground	dwater En	countered I			π. 2		n. 3	π.	
SECT	TION BOX	WELL	'S STAT	IC WATE	R LEVEL	Dry It	below la	nd surfa	ace measu	red on mo/d	ay/yr 1/11/11	
	N	_	Pump	test data:	Well water	was	ft.	after	!	hours pumpi	ng gpm	
		Est. Yi	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									
1 1 .	V	WELL	WATER	TO BE U	JSED AS: 5	Public wa	ter supply	, 8 Ai	r conditio	ning 11 In	ijection well	
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specifical Control of the									er (Specify below)			
W 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/ Sample was submitted Water Well Disinfected? Yes No 2												
											No X	
5 TVPE	OF CASI										Clamped	
1 \$4	or Casi	3 PMP (SP) 6	A chector-(ement	9 Other (enecify he	low)	11.0001	Welde	d	
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded (2) PVC 4 ABS 7 Fiberglass Threaded X										led V		
Diambosos	/ C .i a . dia a . e .	4 ADS	in to	2	e Die				Dia	in	to f	
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 0.37 ft., Weight lbs./ft. Wall thickness or gauge No.												
Casing he	ight below is	and surface	U.37	π., v	veignt		IDS./	II. wa	ii unicknes	is or gauge r	NO.	
TYPE OF SCREEN OR PERFORATION MATERIAL:												
2 Brace 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Ashestos-Cement 12 None used (open hole)												
ISCREEN OR PERFORATION OPENINGS ARE:												
1 Continuous slot (3) Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (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 13 ft. From ft. to ft.												
SCREEN	-PERFORA	TED INTER	₹VALS:	From	3	ft. to	13	ft. Fr	om	ft. to	oft.	
				From		ft. to		ft. Fr	om	ft. to	o ft.	
GR	AVEL PA	CK INTERV	ALS:	From	2	ft. to	13	ft. Fr	om	ft. to	o ft.	
				From		ft. to		ft. Fr	om	ft. to	o ft. o ft. o ft.	
C CDOI	IT MA A TOTAL	DIAI. 1 X	Toot com	nt 2 Co	mont orout	(2) Ponto	nito (Other	Congret	o. 0. 1ft		
6 GRO	ULIVIALE	KIAL: I N	teat ceme	ent 2 Ce	Ement grout	(3) penic	inte (2		Concret	e: 0-11t	A +	
Grout Inte	ervais r	rom <u>1</u>	π. το	: : 11	. From	Il.	10	Il.	riom -		ft. to ft.	
		ource of poss				10 T :	-1	12 Inc.	4:-:4- C		16 04 (25.	
	tic tank			es 7 Pit p	•	10 Livesto			ecticide S	torage vater well	16 Other (specify below)	
	ver lines		ess pool		0 0 1	11) Fuel sto 12 Fertiliz					below)	
		er lines 6 Se	epage pi	it 9 reed	-		_		well/ gas	well		
Direction	from well?					How many	1001: ~1	45 IL				
FROM	TO]	LITHOL	OGIC LO	G	FROM	TO		PLUG	GING INTE	ERVALS	
0	5	Topsoil, black										
5	9	Brown clay wi	th gray me	ottling								
9	13	Tan shale				_	ļ					
		-,				-						
			-				+					
						-	 	Flushmo	ount waiver	from BOW		
						1	 					
7 CONT	RACTOR'	S OR LANI	OWNE	R'S CER	TIFICATION	ON: This w	ater well w	vas (1)	onstructed.	(2) reconstru	icted, or (3) plugged	
		nd was comple			12/2	14/10	and this	record is	s true to the	e best of my k	nowledge and belief.	
Kansas Water Well Contractor's License No. 757 . This Water Well Record was completed on mo/day/year) 1/26/11												
under the business name of Larsen & Associates, Inc. by (signature)												
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 Sec	tion, 1000 SW	Jackson St., St	uite 420, To	peka, Kansa	ıs 66612-1367.	Telephone 7	85-296-5522	2. Send of	ne to WATE	R WELL OW	NER and retain one for	