			Form WWC-5			Division of Water Resources; App. No.			
		WATER WELL:	Fraction	NE 1/	N W 1/	Section N	Number	Township Number	Range Number
County: Brown NE 1/2 NE 1/2 NW 1/2 28 T 2 S R 15 E 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? 110 S. High Street, Fairview, KS Latitude: NA									
located within city? 110 S. High Street, Fairview, KS Latitude: NA Longitude: NA									
2WATER	R WELL O	WNER: Boltz				Elevation	n: NA		
RR#, St. Address, Box # : 110 S. High St. City, State, ZIP Code : Fairview KS						Datum:	NA		
City, S	State, ZIP C	ode : Fairvie	w KS			Data Col	lection N	Method: legal surve	у
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 190 ft.									
LOCA									
WITH	I AN "X" I	N Depth(s) Ground	ndwater En	countered	1	NA	ft. 2	ft. 3	3 ft.
	ION BOX	WELL'S STA	TIC WATE	ER LEVEL	NA	ft. below la	and surfa	ace measured on mo	/day/yr
	N	Pum	test data:	Well was	ter was	ft	t. after	hours pum	ping gpm
	×	Est. Yield	gpm:	Well was	ter was	ft	t. after	hours pum	ping gpm
-w	v— NE -	- WELL WATE	R TO BE U	JSED AS:	5 Public	water suppl	y 8 Ai	ir conditioning 1	Injection well
		1 Domestic 3	Feed lot	6 Oil fiel	d water su	pply	9 Dew	ratering (2)Ot	ther (Specify below)
W		E 2 Irrigation 4	Industrial	7 Domes	tic (lawn &	z garden)	10 Mon	itoring well	Geothermal
l l-sw	v	4 ~			,	,			
SW SE Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs									
Sample was submitted Water Well Disinfected? Yes No X									
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped									
1 Steel 2 DMD (SD) 6 Ashestes Coment (On Other (cresify below)) Welded Fusion									
1 Sieel 3 Kivir (SK) o Aspesios-Cement (Specify below) welded Fusion 2 DVC 4 ABS 7 Fibergless Polyathylana Threaded									
1 Steel 3 RMP (SR) 6 Asbestos-Cement 2 Other (specify below) Welded Fusion 2 PVC 4 ABS 7 Fiberglass Polyethylene Threaded Blank casing diameter 3/4 in. to 190 ft., Dia in. to ft., Dia in. to ft.									
Diank casing diameter 5/4 in. to 190 ft., Dia in. to It., Dia									
Casing height below land surface 4 ft., Weight lbs./ft. Wall thickness or gauge No. 160 PSI TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberolass 7 PVC 9 ARS 11 Other (specify)									
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)									
SCREEN 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 ft. to ft. From ft. to ft.									
SCREEN-	-PERFORA	TED INTERVALS	: From		ft. to _		ft. Fr	om ft.	to ft.
			From		ft. to _		ft. Fr	om ft.	to ft.
GRAVEL PACK INTERVALS: From ft. to ft. From ft. to							to π.		
			From		ft. to		ft. Fr	om ft.	to ft.
From ft. to ft. From ft. to ft. 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grout Intervals From 4 ft. to 190 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									
	er lines	5 Cess poo			11 Fuel	-		andoned water well	below
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well									
	from well?			-	How ma	ny feet?			
FROM	TO		LOGIC LO		FRO	м то		PLUGGING IN	ΓERVALS
0	6	Topsoil	bodic bo		110	10		120001110111	LEICTIES
6	25	Silty clay							
25	30	Limestone					8-190	borings plugged	
30	90	Shale							
90	100	Limestone			4	190	Benton	nite	
100	120	Shale							
120	130	Limestone							
130	150	Shale	.la						
150	200	Limestone and sha	116		 				
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) 9/26/11 and this record is true to the best of my knowledge and belief.									
		tractor's License No.						on (mo/day/year)	
		of Larsen & Asse			by (sign				
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 the o WATER WELL OWNER and retain one for									
Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send vac 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.									
your records.	. ree of \$5.00	tor each constructed we	ii. visitus at	mup.//www.k	dileks.gov/W	alci Well.		++1	