WATER	WELL R	ECORD	Form WWC-5	D				irces; App.				
1 LOCAT	TON OF W	ATER WELL:	Fraction NW 1/2	NE 4	Sect	ion Nur 29	nber	Township	Number S	Range Nun R 17	nber E	
1 LOCATION OF WATER WELL: Fraction SW ½ NW ½ NE ½ Section Name of Section Name												
located with	nin city? 530	Oregon, Hiawath	na, Kansas	VI 011 11	Lali	LIUC.	19 22.	95324° .53571°				
			70		Elex	gitude.	RIM:	1138 02.	TOC: 1137	7.78		
2 WATER WELL OWNER: Patricia Bearce RR#, St. Address, Box # : 530 Oregon						vanon.	n: RIM: 1138.02; TOC: 1137.78 NAVD 29 NAD27 per driller (DRL) ollection Method: legal survey					
RR#, St	. Address, B	ox # : 530 Or	egon La VC 66424		Dat	um. a Collec	ction M	ethod: le	gal survey	- New Williams	1227	
City, Sta	ate, ZIP Cod	e : Hlawai	ha, KS 66434	1 25 06		a conce	701011 112	ft.				
		4 DEPTH OF	COMPLETED WEL	1 23.00	, M	W1						
LOCAT		2 1/0 0	ndwater Encountered 1		141	. ** T	ft 2		ft 3		ft.	
	AN "X" IN	Depth(s) Ground	TIC WATER LEVEL	10.62	ft ha	low lan	d curfa	ce measur	ed on mold	lav/vr 4/11	1/14	
SECTION	ON BOX:	WELL'S STA	TIC WATER LEVEL	10.03	. 11. 00	o G	u surra Hor	h.	oure numn	ing	onm	
	N	Pum	p test data: Well water	was		II. a	efter	11	oure nump	ing	- gpm	
		Est. Yield	p test data: Well water gpm: Well water	was	,	II. a	0 1	11 modition	ours pump.	niection well	- gpiii	
WELL WATER TO BE USED AS: 5 Tubic water supply 9 Dewatering 12 Other (Specify below)												
W E Domestic 1 Domestic 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 1 Monitoring well												
SW SE No X If yes mo/day/yrs												
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												
200000000000000000000000000000000000000	S .	Sample was su	bmitted			W	ater W	eli Disinie	ected? Yes	S IN(3 A	
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded Threaded X												
1 Stee	1 3	RMP (SR) 6	Asbestos-Cement	9 Othe	r (spe	cify belo	ow)		Welde	ed		
2 BV	7 1	ARS 7	Fiberglass		` •	·			Threa	ded X		
Dlamb appir	T diameter	and in to	5.06 ft Dia		in. t	.0	ft.,	Dia	in	. to	ft.	
Blank Cash	ig diameter	1 marks as 0'	of Weight			lbs./f	ft. Wal	1 thickness	s or gauge	No.		
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) (2) PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 5.06 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.24 ft., Weight lbs./ft. Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL:												
TYPE OF SCREEN OR PERFORATION MATERIAL. 1. Steel 2. Steinless 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)												
SCREEN OR PERFORATION OPENINGS ARE:												
1 Continuous slot (3) Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)												
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot												
SCREEN-I	PERFORAT	ED INTERVALS	S: From 5.06	tt. to	25	5.06	n. rr	om		to	ft	
			From	tt. to			n. Fr	om	II.	to	£	
GRA	AVEL PACI	K INTERVALS:	From 3	ft. to	25	5.34	n. Fr	om	II.	10	LL.	
,			From	ft. to			tt. Fr	om	It.	ω	LL.	
		F 4 75 T 4	1 Compant amount	/2.102	antonit	· 14	. I()ther	('oncret	e: U~ L TT			
Grout Inter	vals Fro	om 1 ft. to	o 3 ft. From		ft. to		ft.	From		ft. to	ft.	
What is the	nearest sou	rce of possible co	ontamination:									
	ic tank	4 Lateral l	ines 7 Pit privy	10 Live		1		ecticide St		16 Other (s	specify	
2 Sewe		5 Cess poo	ol 8 Sewage lagoon ((11) Fuel	l stora			andoned v		below)		
3 Wate	ertight sewer	lines 6 Seepage	pit 9 Feedyard					well/ gas	well			
Direction f	from well?	Within the basir)	How m	any fe	et? NA	<u> </u>					
FROM	TO		LOGIC LOG	FRO	OM	ТО		PLUG	GING INT	TERVALS	· · · · · · · · · · · · · · · · · · ·	
0		Concrete										
0.5		Tan medium grai	ined sand									
10		Brown fine grain										
15	25.34	Brown silty clay										

			March Control of the									
				_			Flush	mount wa	iver from	BOW		
										ALMAN AND AND AND AND AND AND AND AND AND A		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged												
2/17/1/A and this record is true to the nest of the Ne												
Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (pho) day/year) 414/14												
d 4 lo o lo	animana nama	of Loreon X As	sociates Inc.	DV (SI	gnatur	5 }		4 1	- Alexander - Control - Co			
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Finance ment. 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												
), Topeka, Kansas 66612-136 / vell. Visit us at http://www.kc				L. JUILI	T.	1			
Lyour records.	1000145,00	tor outil constitution v						1.1				

Project Name & Site I.D: Hometown Furniture; U4-007-14517

KSA 82a-1212