WATER WELL RECORD Form WWC-5 Division of Water Resources; App. No.												
		TER WELL:		NW ¼	NE ¼		86		ers	7 a	Range Number R 17 E	
County: Brown SW 1/2 NW 1/2 NE 1/4 Distance and direction from nearest town or city street address of well if Clobal Positioning System (decimal degrees, min. of 4 digits) Latitude: N 39.95322°												
Longitude: W 95.53555°												
Elevation: RIM: 1136.93; TOC: 1136.70											6.70	
RR#, St. Address, Box # : 530 Oregon City, State, ZIP Code : Hiawatha, KS 66434							Datum: NAVD 29 NAD 27 pm driller (DRL) Data Collection Method: legal survey					
City, State, 2	ZIP Code	: Hiawath	ıa, KS 664.	34			ata Collec	ction M		egal survey		
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 22.35												
LOCATON				1.1		ľ	MW3	4 2		ft 3	ft	
WITH AN		Depth(s) Groun	dwater End	countered I		C. 1.	. 1 1	II. Z	00 1000111	red on mole	ft. day/yr 4/11/14	
SECTION	BOX:	WELL'S STAT	TC WATE	R LEVEL	9.89	п. с	elow lan	u surra After	.ce measu. 1	oure numn	ing gpm	
Pump test data: Well water was ft. after hours pumping gpi Est. Yield gpm: Well water was ft. after hours pumping gpi											ing gpm	
Est. Yield gpm: Well water was It. after Hours pumping Well water was Well water supply 8 Air conditioning 11 Injection well												
Dovertoring 12 Other (Specify below)										ner (Specify below)		
W 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewaleting 12 Other (Speen's below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (1) Monitoring well												
1 1 1	1 1								the second	to the second		
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												
2 PVC	J 1	ARS 7	Fiberglass	301110111		(-1	··· ,	,		Threa	ided X	
Blank casing di	iameter	2. in to	4.35	ft Dia		in.	to	ft.	, Dia	in	i, to ft.	
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 4.35 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.23 ft., Weight Ibs./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)												
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open note)												
SCREEN OR PERFORATION OPENINGS ARE: 1. Continuous elet.												
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)												
LOCATION TO THE TAPPED TAPPED TAPPED TAPPED TAPE A 25 If to 77 35 II FIGHT												
From ff to ft. From 11. W 11. 1												
GRAVEL PACK INTERVALS: From From Fit. to Fit. From Fit. From Fit. To Fit. From Fit												
			From		ft. to			π. ri	om	LL.	W1t.	
6 GROUT M	IATERIA	L: 1 Neat cen	nent 2 Co	ement grout	(3)Be	enton	ite (4	Othe:	Concre	te: 0-1 ft	ft. toft.	
Grout Intervals	From	1 ft. to	2 f	t. From		ft. to	0	ft.	From		ft. to ft.	
What is the nea	arest sourc	ce of possible coi	naminanoi	1:								
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify												
2 Sewer lin		5 Cess poo	8 Sew	0 0	12 Fort	l Stor			well/ gas		0010 w j	
		ines 6 Seepage	on 9 reec	iyaru			feet? ~4		WOID BUL	, ,, ,,,		
Direction from				~~					DITIC	CING IN	ΓERVALS	
	ГО		LOGIC LC)G	FRO	JIVI	ТО		FLUC	JOHNO IIV.	LIK Y ZILID	
		oncrete in medium graii	hees had									
		in fine grained s										
		own silty clay										
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			· · · · · · · · · · · · · · · · · · ·									
					_							
			1.00					Flush	mount w	aiver from	BOW	
										- (0)	1	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged and this record is true to the best of my knowledge and belief.												
funder my jurisdiction and was compressed on (114/14												
and or the busine	occ name of	f Largen & Agg	ociates. In	C.,	by (si	gnatu	re)	1-1	and the same of th			
under the busine	ess manne of	Lin blanks on simils 4	ne correct and	wers Send to	three cor	nies to	Kansas De	eparthen	of Health	and Environm	ent, Bureau of Water,	
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 the complete of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.												
your records. Fee	your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.											