		RECORD		n WWC-	5 D	Division	n of Wate	er Resou	ırces; App. No.			
1 LOCATION OF WATER WELL:  County: Doniphan			NW 1/4	SW 54	SW ¼	Sec	tion Nui 23	mber	Township Nu	mber S	Range Number	
Distance and direction from nearest town or city street address of well if located within city? 108 N Kansas St., Highland, KS  Latitude: N 39.85970°												
	-					Lor	ngitude:	W 95	.26583°			
2 WATER WELL OWNER: Dunn Oil Co. C/O Sammy Dunn							Elevation: RIM: 1032.87; TOC: 1032.54					
RR#, St. Address, Box # : 304 E Virginia St City, State, ZIP Code : Highland, KS 66035						Datum: above mean sea level Data Collection Method: legal survey						
City, S	TE WELL	S 4 DEPTH OF	10, KS 6603	))	1 25					urvey		
		5 4 DEPTH OF	COMPLE	LIED WEI	LL <u>25</u>	7.4	IW9		ft.			
LOCA	AN "X" IN	Denth(c) Groun	dwater End	ountered 1		IVI	lW9	<b>£</b> 2		A 2	Δ.	
		Depth(s) Groun	PIC WATE	DIEVEI	10.71	ft ha	low lon	II. Z		n ma/d	Π,	
SECT	WITH AN "X" IN  Depth(s) Groundwater Encountered 1 ft. 2 ft. 3  SECTION BOX:  N  Pump test data: Well water was ft after hours pumping on the second										ay/yi 9/1//09	
-	N Pump test data: Well water was ft. after hours pumping gr Est. Yield gpm: Well water was ft. after hours pumping gr										nggpm	
	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10) Monitoring well										ing gpm	
											gection well	
w <del>           </del>											er (specify below)	
Was a chemical/hacteriological sample submitted to Department? Ves No. V : If yes mo/day/yes												
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 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded												
1 Ste	el 3	RMP (SR) 6	Asbestos-(	Cement	9 Othe	r (spe	cify belo	ow)		Welde	d	
(2) PV	C : 4	ABS 7	Fiberglass	•						Thread	ied X	
Blank casi	ng diameter	2 in. to	15	ft., Dia		in. t	0	ft.,	Dia	in.	to ft.	
2 PVC 4 ABS 7 Fiberglass Threaded X  Blank casing diameter 2 in. to 15 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.												
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)												
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 15 ft. to 25 ft. From ft. to ft.												
SCREEN-	PERFORAT	TED INTERVALS	From	15	ft. to	2	25	ft. Fro	om	ft. t	o ft.	
			From		ft. to			n. Fro	om	II. t	ο π.	
GR	AVEL PAC	K INTERVALS:	From	13	ft. to	- 1	25	ft. Fro	om	ft. t	o ft.	
			From		ft. to			ft. Fro	om	ft. t	o ft.	
6 GROU	T MATER	IAL: 1 Neat cer	nent 2 Ce	ment grout	(3 Be	ntonit	e (4	)Other	Concrete: 0-2	2 ft		
Grout Inte	rvals Fro	om 2 ft. to	13 ft	. From	$\overline{}$	ft. to	_	ft.	From		ft. to ft.	
What is th	e nearest so	arce of possible co	ntamination	ι:								
1 Sep	tic tank	4 Lateral li	nes 7 Pit p	rivy	10 Live				cticide Storag		16 Other (specify	
	er lines	5 Cess poo							ındoned water		below)	
		r lines 6 Seepage	pit 9 Feed	lyard			_		well/ gas well			
Direction	from well?	southwest			. How ma	any fe	et? ~70	ft				
FROM	TO	LITHO	LOGIC LO	)G	FRC	M	TO		PLUGGIN	GINT	ERVALS	
0		Grass, topsoil										
0.5		Silt some clay, bro										
3		Silty clay with fin										
13		mottled gray, iron							· · · · · · · · · · · · · · · · · · ·			
13		Silty clay with fin grading to gray b			_							
18		Silty clay with fin			/et							
								Flushn	nount waiver	from l	BOW	
								$\overline{}$				
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)  9/17/09  and this record is true to the best of my knowledge and belief.  This Wasse Well Record was completed on (mo/day/year)  10/7/09												
Kansas Water Well Contractor's License No. 757 Under the business name of Larsen & Associates, Inc.  This Water Well Record was completed on (mo/day/year) 10/2/09  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												
your records	your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/watervell.											