WATEI	R WELL	RECORD	For	m WWC-5	Divisi	ion of Water Res	sources; App. No.		
		WATER WELL:	Fraction	SW ¼ S	Se Se	ection Number 28	Township Number	Range Number R 7E E	
County:	nd direction	[arshall n from nearest town	or city stre	eet address of w	rell if Glo	obal Positionin	ng System (decimal des	grees, min. of 4 digits)	
Distance and direction from nearest town or city street address of well if located within city? 202 Center, Marysville, KS 66508 Clobal Positioning System (decimal degrees, min. of Latitude: 39.84261									
A VANDALIS AND						Longitude: 96.65593			
2 WATER WELL OWNER: Dean Thomas RR#, St. Address, Box # : 1043 8th Road						Elevation: RIM: 1147.25; TOC: 1146.90 NAD83			
RR#, S	St. Address,	Box # : 1043 8	th Road	(£00				7	
City, S	City, State, ZIP Code : Marysville, KS 66508 Data Collection Method: legal survey 3. LOCATE WELL'S 4. DEPTH OF COMPLETED WELL, 24.90 ft.								
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 24.90 ft. LOCATON MW15									
3		N Donth(a) Grow	ndsvoter Er	acountered 1			ft. 3	ft.	
1	WITH AN "X" IN SECTION BOX: N Depth(s) Groundwater Encountered 1 SECTION BOX: Pump test data: Well water was ft. 2 ft. 3 Ft. 3								
SECI									
Est. Yield gpm: Well water was ft. after hours pumping gpi									
									1 1 1
W 1 1 1 1 2 1 1 2 1 1									
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs									
x —		Sample was su	bmitted	-0.000 Darries D		Water	Well Disinfected? Ye	es No X	
-	OR G : G	TO TICETO	XI/1	Tuon 0	Conomoto	tile C^	Well Disinfected? Yes	d Clamped	
5 TYPE	OF CASE	NG USED: 5	Wrought	iron 8	Concrete	tile CA		dClamped	
1 Ste	eel	3 RMP (SR) 6	Asbestos-	-Cement 9	Other (sp	becary below)	Thre	oded V	
$\left[\begin{array}{c} (2) \text{PV} \end{array}\right]$	/C	4 ABS 7	Fiberglas	S .			Time	n to	
Blank cas	ing diamete	r 2 in. to	9.90	n., Dia	¹ n	., to 11 / f - 11-	i., Dia	No.	
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 9.90 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.35 ft., Weight lbs./ft. Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL:									
TYPE OF SCREEN OR PERFORATION MATERIAL: 1. Stool 2. Stoinless steel 5. Fibergless (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)									
ICODEENI OD DEDEOD ATION ODENINGS ADE:									
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 9.90 ft. to 24.90 ft. From ft. to ft.									
2 Lo	2 Louvered shutter * Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)								
SCREEN-PERFORATED INTERVALS: From 9.90 ft. to						24.90 II.	From A	to fi	
			From		π. το	п. 1	From A	to A	
GR	CAVEL PAG	CK INTERVALS:	From	8	11. 10	23.30 R. J	From ft From ft From ft	to f	
			From		11. to	п.	riom 11	. w II.	
6 CROUT MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite (4) Other Concrete: 0-1ft									
Grout Intervals From 1 ft. to 8 ft. From ft. to ft. From ft. to ft.									
What is the	ne nearest so	ource of possible co	ntaminatio	n:					
	tic tank	4 Lateral l			Livestoc		nsecticide Storage	16 Other (specify	
	ver lines	5 Cess poo			Fuel sto		bandoned water well oil well/ gas well	below)	
		er lines 6 Seepage	pit 9 Fee			r storage 15 C feet? ~220 ft	n wen/ gas wen		
	from well?							CONTRACT A T C	
FROM	ТО		LOGIC LO	OG	FROM	TO	PLUGGING IN	TERVALS	
0	25.30	Black silty clay							

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	-		***************************************						
									
						Flus	hmount waiver fron	1 BOW	
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) 6/18/12 and this record is true to the best of my knowledge and belief.									
under my jurisdiction and was completed on (mo/day/year) Kansas Water Well Contractor's License No									
Kansas Wa	ater Well Co	ntractor's License No. e of Larsen & Ass	, <u>/5/</u> sociates Tr	. inis wat	er well Ke by (signati	re)	- (Control of the co	1	
							Health and Environm	nent, Bureau of Water	
Geology Se	tions: Pleas	e mi in bianks or circle t V Jackson St., Suite 420.	me correct an Topeka, Kar	sweis. sena top tr isas 66612-1367. T	relephone 78	85-296-5522. Sen	d one WATER WELL C	WNER and retain one for	
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department on Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send on 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.									