WATE	R WELL	RECORD	Form	wwc-s	5 Di	vision of Wa	ater Reso	urces; App. No.		
1 LOC	ATION OF	WATER WELL:	Fraction	NW 14	NW 14	Section No	umber	Township Number	Range Number	
County: Marshall NE 1/2 NW 1/4 NW 1/2 33 T 2S S R 7E 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? 202 Center, Marysville, KS 66508 Latitude: 39.84192°										
Longitude: 96.65464° 2 WATER WELL OWNER: Dean Thomas Elevation: RIM: 1149.47; TOC: 1149.16										
					Ì				7.16	
RR#, St. Address, Box # : 1043 8th Road City State 7ID Code Morrowille VS 66508										
City, State, ZIP Code : Marysville, KS 66508 Data Collection Method: legal survey 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 24.40 ft.										
LOCATON MW20										
į.	WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. SECTION BOX: WELL'S STATIC WATER LEVEL 18.25 ft. below land surface measured on mo/day/yr 11/20/12									
SECI	N Pump test data: Well water was ft. after hours pumping gpm									
 ;	51									
	X i		TO DE 116	WEII WAIEI	Dublic	oter cupply	Q A i	conditioning 11 Ir	niection well	
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)										
W E 1 Domestic 3 Feed for 6 Off field water supply 9 Dewatering 12 Office (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10) Monitoring well										
		2 migation 4	muustitai	/ Domesiic	(lawli &	garden) V	O WIOIII	itoring wen		
SW SE Was a chemical/bacteriological sample submitted to Department? Ves No Y : If yes mo/day/yrs										
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Water Well Disinfected? Yes No X										
S Sample was submitted Water Well Disinfected? Yes No X 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped										
5 TYPE	E OF CASI	NG USED: 5	Wrought Ire	on	8 Concr	ete tile	CASI	NG JOINTS: Glued	Clamped	
1 St	eel	3 RMP (SR) 6	Asbestos-C	ement	9 Other	(specify be	low)	Welde	d	
(2) PV	VC	4 ABS 7	Fiberglass					Threac	led X	
Blank casing diameter 2 in. to 14.40 ft., Dia in. to ft., Dia in. to ft.										
2) PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 14.40 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.31 ft., Weight lbs./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) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 10 ft. to 24.40 ft. From ft. to ft. From ft. to ft. From ft. to ft. GRAVEL PACK INTERVALS: From 13 ft. to 24.70 ft. From ft. to ft. From ft. to ft. From ft. to ft.										
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)										
SCREEN	-PERFORA	TED INTERVALS:	From	10	_ ft. to	24.40	. ft. Fro	om ft. te	o ft.	
			From		ft. to		ft. Fro	om ft. te	o ft.	
GRAVEL PACK INTERVALS: From 13 ft. to 24.70 ft. From ft. to								o ft.		
			From		ft. to		ft. Fro	om ft. te	o ft.	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1ft										
Grout Intervals From 1 ft. to 13 ft. From ft. to ft. From ft. to ft.									ft to ft	
What is the nearest source of possible contamination:										
	tic tank	4 Lateral lin		vv	10 Livest	ock pens	13 Inse	cticide Storage	16 Other (specify	
	ver lines	5 Cess pool			ll) Fuel s			ndoned water well	below)	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well										
Direction from well? NW How many feet? ~230 ft										
FROM	TO	I ITHOI	OGIC LOC	· · · · · · · · · · · · · · · · · · ·	FROM	OT	T	PLUGGING INTE	RVALS	
0	20	Brown silty clay	JOGIC LOC	,	TROIV	10		TEOGOTIVO TIVIT	KVALS	
20	24.70	Brown sand, medium	grained			 				
							-			
							Flushn	ount waiver from B	IOW	
7 CONTEN	DACTORS	COD LANDOWN	Die CEDT	TEICATE	N. TL:-	water11	(1)		noted or (2) =11	
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) 1/3/13 and this record is true to the best of my knowledge and belief.										
		id was completed on (i tractor's License No.		This Wa	ter Well R	ecord was c	ompleted		1/4/13	
		of Larsen & Asso		. 11113 44 0	by (signa		1	on (including your)		
				rs Send ton t			nartment	Health and Environment	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 on the 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.										