WATER	R WELL	RECORD	Forn	n WWC-	<b>5</b> I	Division of Water Resources; App. No.					
1 LOCA	TION OF	WATER WELL:	Fraction	NINI .	N7887	Secti	on Number	Township N	lumber	Range Number	
Distance a	nd direction	n from nearest town	SW ¼	et address o	of well if	Globa	l Positioning	System (dec	imal deg	rees, min. of 4 digits	
County: Cowley SW ½ NW ½ NW ½ 4 T 31S S R 3E E/W  Distance and direction from nearest town or city street address of well if located within city?  Global Positioning System (decimal degrees, min. of 4 digits)  Latitude: N 37°23°19.0"											
203 N. Clark, Udall KS Longitude: W 97°06'52.4"											
2 WATER WELL OWNER: KDHE-BER RR#, St. Address, Box #: Robert Williams Property Datum:											
RR#, St. Address, Box # : Robert Williams Property City, State, ZIP Code : U2-018-13335								Method: legal	survey		
City, State, ZIP Code : U2-018-13335 Data Collection Method: legal survey  3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 30 ft.											
LOCA							W7				
WITH	AN "X" I	N Depth(s) Groun	dwater End	countered 1			ft. 2		ft. 3	ft.	
SECTI	ION BOX:	WELL'S STAT	TIC WATE	R LEVEL	29.40	ft. bel	ow land surfa	ace measured	on mo/c	day/yr 12/4/06	
	N	Pump	test data:	Well water	r was		ft. after	hou	rs pump	ing gpm	
	Est. Yield gpm: Well water was ft. after hours pumping gpm										
X-NW	/	WELL WATE	R TO BE U	SED AS:	5 Public	water s	upply 8 A	ir conditioning	g 11 II	njection well	
w		E Domestic 3	Feed lot	6 Oil field	water su	pply	9 Dew	atering	12 Oth	ner (Specify below)	
	1	E 2 Irrigation 4	Industrial	7 Domest	ic (lawn d	k garde	en) ((0)Mon	ittoring well			
sw	SW SE Was a shawing like staring a single submitted to Department? Was a shawing was ideal was a single submitted to Department?										
ا ا	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										
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	OF CASI	NG USED: 5	Wrought In	ron	8 Cond	rete til	e CAS	ING JOINTS	: Glued	Clamped	
2 DV	ei C	3 KMP (SK) 0	Aspestos-C	Lement	9 Otne	r (spec	ily below)		Thron	dad <b>V</b>	
Blank casi	na diamete	4 ADS /	ribergiass	a Dia		in to	Α	Dia	in	to fi	
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 15 ft., Dia in. to ft., Dia in. to ft.  Casing height below land surface 0 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)											
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)											
INCREEN OR PERFURATION OPENINGS ARE:											
1 Continuous slot 3 Mill slot 5 Guaze 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-	PERFORA	TED INTERVALS:	From	15	ft. to	30	0 ft. Fi	rom	ft. t	to tt.	
			From		ft. to		ft. Fı	rom	ft. 1	to ft	
GR	AVEL PAG	CK INTERVALS:	From	13	ft. to	1:	5 ft. F1	rom	ft. t	to ft	
			From		ft. to	<b>.</b>	ft. F	rom	ft. 1	to ft	
6 GROU	JT MATE	RIAL: 1 Neat cen	nent 2 Ce	ment grout	(3) Be	ntonite	(4)Othe	r cement, 0-3	,		
Grout Inte	rvals F	rom 3 ft. to	13 ft	. From		ft. to	ft.	From		ft. to ft.	
What is th	e nearest so	ource of possible cor	ntamination	:							
	tic tank	4 Lateral li			10 Live			ecticide Stora		16 Other (specify	
2 Sewer lines 5 Cess pool 8 Sewage lagoon (1) Fuel storage 14 Abandoned water well below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well											
	from well?			•	How ma		_	well gas we			
FROM	ТО		LOGIC LO		FRO		TO	PLUGGI	IC INT	EDVALC	
0	2	Soil	LOGIC LO	<u>U</u>	FRO		10	PLUGGII	NO IN I	EKVALS	
2	9	Clay, brown-grey,	moist, med	dium						7	
		plasticity									
9	30	Clay, green, dry a	nd brittle,	no plastici	ty						
							Flush	mount waive	r by D.	Taylor	
7 CONTEN	DACTOR	CODIANDONA	EDIC CED	TIPICAT	ION. T			hometro-to-1 (C)	#0.0 = = = -1	nated a= (2) -1	
	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)  12/4/06 and this record is true to the best of my knowledge and belief.										
		ntractor's License No.						on (mo/day/y			
		e of Larsen & Asse					A CONTRACTOR OF THE PROPERTY O				
INSTRUCT	IONS: Pleas	e fill in blanks or circle th	ne correct ansv	vers. Send to	p three cop	es to Kai	nsas Departmen	t of Health and E	nvironme	nt, 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. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.											