WATER WELL RECO)RD	Form WWC-5	Divisio		ources; App. No.		
1 LOCATION OF WATER	R WELL: Fract	ion E ¼ NE ¼	SE ¼	tion Number 13	Township Number T 33 S	Range Number R 23 E	
1 LOCATION OF WATER WELL: Fraction County: Cherokee NE 4 NE 4 SE 4 T 33 S R 23 E Distance and direction from nearest town or city street address of well if Global Positioning System (decimal degrees, min. of 4 digits) Letitude: N 37 17070							
located within city? 806 E Ma	ple St., Columbu	s KS 66725	1 1 (0.1	citude: $\frac{N3}{W9}$	1.1/0/0		
			LO	ngitude: W 9	4.83334 1. 902 95: TOC: 902 6	6	
2 WATER WELL OWNER: Judy Roark RR#, St. Address, Box # : 7383 NW Bethlehem Rd				Elevation: RIM: 902.95; TOC: 902.66 Datum: WGS84			
RR#, St. Address, Box # City, State, ZIP Code	: /383 NW Be	S 66725	Da	ta Collection	Method: legal survey		
2 LOCATE WELLS 4	DEPTH OF COM	MPLETED WELL					
3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 4.32 ft. below land surface measured on mo/day/yr 3/7/13							
WITH AN "X" IN De	nth(s) Groundwat	er Encountered1		ft. 2	ft. 3	ft.	
SECTION BOX: WI	FIL'S STATIC V	VATER LEVEL	4.32 ft. b	elow land sur	face measured on mo/o	lay/yr 3/7/13	
N N	Pump test	data: Well water	was	ft. after	hours pump	ing gpm	
Fst Fst	Yield	gnm: Well water	was	ft. after	hours pump hours pump	ing gpm	
	Domestic 3 Feed	Lot 6 Oil field v	vater supply	9 Dev	watering 12 Ou	ier (Specify delow)	
WELL WATER TO BE USED AS. 5 Tuble water supply 9 Dewatering 12 Other (Specify below) 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							
S Sar	mple was submitt	ed		Water	Well Disinfected? Ye	S NO A	
Was a chemical/bacteriological sample submitted to Department. Tellow Water Well Disinfected? Yes No X 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 Ash	estos-Cement	9 Other (sp	ecify below)	weid	eu	
					Thro	nded V	
Rlank casing diameter 2	in to 3.2	25 ft., Dia	in.	to f	t., Dia ir	i. toft.	
Casing height below land surface Casing height							
1 Steel 3 Stainless ste	eel 5 Fibergla	ass (7) PVC	9 AB	S	11 Other (specify)	en hole)	
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)							
2 Louvered shutter 4	Key punched	6 Wire wrapped	8 Saw Ci	at 10 Ot	her (specify)		
	TOTAL TOTAL	775	++ +A !	11 7 11	PTOTII IL.	10.1	
GRAVEL PACK INT	F	rom	ft. to	ft. 1	From ft.	tott.	
GRAVEL PACK INT	ERVALS: F	rom 2	ft. to	10.5 ft.	From ft.	to tt.	
	F:	rom	11.10				
2 C							
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Brentomie 4 Other Concrete. 5-14. Grout Intervals From 1 ft. to 2 ft. From ft. to ft. From ft. to ft.							
IM/hat is the nearest source of nossing comannation.							
1 Septic tank	4 Lateral lines	7 Pit privy			nsecticide Storage	16 Other (specify	
2 Sewer lines		8 Sewage lagoon	11) Fuel stor		Abandoned water well	below)	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well Direction from well? N How many feet? ~90ft							
Direction from well? N			How many	eet? ~9011	TATE OF TOTAL	TOTO X / A T. C.	
FROM TO	LITHOLOG	IC LOG	FROM	TO	PLUGGING IN	TERVALS	
	ı soft silty clay						
7 10.5 Tan h	ard shale						
				Flu	shmount waiver fron	n BOW	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 11) onstructed, (2) reconstructed, or (3) plugged							
and this record is the design of the design							
Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on moordawyear) 3/11/13							
funder the business name of	arsen & Associa	tes. Inc.	by (signatu	10)	X		
INSTRUCTIONS: Please fill in t					note to WATER WELL	OWNER and retain one for	
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Enth							