WATER WELL RECORD Form	n WWC-	5 I	Division of Wa	iter Reso	urces; App. No.			
1 LOCATION OF WATER WELL: Fraction	SE 1/2	SW ¼	Section Nu	umber	Township Nu	ımber S	Range Number R 24 E	
Distance and direction from nearest town or city stre	et address o	of well if	Global Post	itioning	System (decir	nal degr	rees, min. of 4 digits)	
located within city? Latitude: N 37.03138°								
441 Military Ave, Baxter Springs, KS 66713 2 WATER WELL OWNER: KDHE (Cottrells 66 Service)				Elevation: RIM: 840.27; TOC 839.91				
RR#, St. Address, Box # : 1000 SW Jackson			Datum:	WGS	884			
City, State, ZIP Code : Topeka, KS, 6661	2				lethod: legal s	survey		
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 18.50 ft.								
LOCATON			MW14	0 0		£ 2	c.	
WITH AN "X" IN Depth(s) Groundwater En SECTION BOX: WELL'S STATIC WATE	countered l	40 40	£ 11 1	II. 2	as magazad o	. II. 3 n molá	lov/vr 5/26/11	
SECTION BOX: WELL'S STATIC WATE	SK LEVEL	10.10	. It. Delow la.	nu suma after	to measured o	numn	ing onm	
N Pump test data: Well water was ft. after hours pumping gpm Est. Yield gpm: Well water was ft. after hours pumping gpm								
NW NE WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
W I 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								
$-\sin - \sin - \sin - \sin \sin - \sin \sin \sin - \sin \sin \sin \sin - \sin \sin$								
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								
Sample was submitted			1	Water W	ell Disinfecte	d? Yes	8 No X	
5 TYPE OF CASING USED: 5 Wrought	Iron	8 Con	crete tile	CAS	ING JOINTS:	Glued	Clamped	
1 Steel 2 DMD (SD) 6 Ashestos	Cement	9 Othe	er (specify be	elow)		Weld	ed	
2 PVC 4 ABS 7 Fiberglass	3					Threa	ded X	
PVC 4 ABS 7 Fiberglass Blank casing diameter 2 in. to 3 Casing height below land surface 0.26 ft., TYPE OF SCREEN OF PERFORMATION MATER	ft., Dia		in. to	ft.	, Dia	m	, to tt.	
Casing height below land surface 0.26 ft., The control of the cont	Weight		lbs.	./tt. Wa	II thickness or	gauge	100.	
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Stool 3 Stoinless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify)								
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)								
10/00 D.D.Y. (20. D.D.D.Y.O.D. V.L.I.V.) (20. V.D.Y.I.V.)(20. V.D.Y.								
1 Continuous slot 3 Mill slot 5 Ga 2 Louvered shutter 4 Key punched 6 Wi	uze wrappe	d 7 T	orch cut	9 Dril.	led holes 1	i Non	e (open noie)	
CODEEN DEDECT ATED INTEDVALS. From	3	ft to	18 50	H. Ht	om.	π.	ю п.	
From		ft. to		ft. Fr	om	ft.	to ft.	
GRAVEL PACK INTERVALS: From	2	ft. to	18.50	ft. F1	om	ft.	to ft.	
From		ft. to		ft. Fi	om	ft.	to ft. to ft. to ft.	
6 CROUT MATERIAL: 1 Nest cement 2 C	ement grou	t (3)B	entonite (4)Other	r Concrete: 0	-1 ft		
Grout Intervals From 1 ft. to 2	ft. From	\circ	ft. to	ft.	From		ft. to ft.	
Grout Intervals From 1 ft. to 2 ft. From ft. to ft. From ft.								
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 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 Direction from well? S How many feet? ~100ft								
Direction from well? S		-		10010	PLUGGIN	IC INI	TEDVATE	
FROM TO LITHOLOGIC LO	JG	FRO	OM TO		PLUGGI	INILON	ERVALS	
0 2.5 Grass on top; Red brown soft clay 2.5 18.5 Limestone interbedded with layers	of clay				***************************************			
18.5 Limestone bedrock	, or city							
				Flushn	nount waiver from	m BOW		
T COMPAND OF LANDOWN TO CE	DWITTER	TON: T	kia watan wa11	1 (1)	worthernormal (O)	reconst	ructed or (3) plugged	
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) 5/26/11 and this record is true to the best of my knowledge and belief								
Kansas Water Well Contractor's License No. 757	This V	Water We	Il Record was	complet	ed on (mo/day/)	ear)	6/3/11	
lunder the business name of Larsen & Associates, In	ıc.	by (si	gnature)	- Indiana	7			
INSTRUCTIONS: Please fill in blanks or circle the correct an	swers. Send to	op three co	oies to Kansas I	Departmen	t of Health and E	nvironm	ent, 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. Sout 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.								