WATER WELL RECORD Form WWC-5 Division of Water Resources; App. No.									
		ATER WELL:	Fraction	CXV	CW	Section Number	Township Number	Range Number	
County: Brown SW ½ SW ½ SW ½ 28 T 04 S R 17 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? 1450 Central, Horton KS Latitude: NA									
Longitude: NA									
2 WATER WELL OWNER: KDHE						Elevation: N	A		
DD# C	t Address D	ox # : 1000 S	W Jackson			Datum: N			
City C	tota ZID Coc	$0x \# \cdot Topels$	W Jackson			Data Collection	n Method: legal survey	7	
MW?									
		D = +1-(=) C ====	deventou Teno	assertanced 1		171 V 2	2 ft 2	ft.	
	AN "X" IN	Depth(s) Grou		ouniciou i	2.00	ft halow land or	rfoce measured on mod	/day/yr 10/24/11	
WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1 WELL'S STATIC WATER LEVEL 3.80 ft. below land surface measured on mo/day/yr 10/24/11 ft. after bours pumping grown									
N Pump test data: Well water was ft. after hours pumping gpm									
Est. Yield gpm: Well water was ft. after hours pumping gpm									
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well									
W 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									
W E 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10) Monitoring well									
SW - SE - No. W. J. Fragge mod/dow/www.									
Χ	S	Sample was su	ıbmitted			Wate	r Well Disinfected? Ye	s 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 LYPE	OF CASING	TUSED: 5	Wrought if	OII	0 Com	or (specify below)	Weld	ted	
1 Ste	el 3	RMP (SR) 6	Asbestos-C	ement	9 Ome	er (specify below)	Thre	aded Y	
$ (2)^{PV}$	C 4	ABS 7	Fiberglass				C TO:	n to ft	
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 5 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface NA ft., Weight lbs./ft. Wall thickness or gauge No.									
Casing height below land surface NA 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)									
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 CD DENI AD DEDUCAD A FRAN ADENINGS 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 5 ft. to 18.00 ft. From ft. to									
SCREEN-PERFORATED INTERVALS. From ft to ft From ft to ft.									
From ft. to ft. From ft.									
GR	AVELPACI	INTERVALS:	FIOIII	3.5	ft. to	10.73	From ft	to	
			From		11. 10		110111		
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1ft									
Grout Intervals From 1 ft. to 3.5 ft. From ft. to ft. From ft. to ft.									
What is the nearest source of possible contamination:									
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 (11) 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? NE How many feet? ~70ft									
	,		ITHOLOGI	CIOC			TO PLUGGING	G INTERVALS	
FROM	TO		ITHOLOGI	CLUG		1.KOIAT	TO TEOGOTA	O ALTAMAK I ZAMU	
0		Gravel w/ sand	dr bug214	olay					
1 7		ery hard to stiff, dan			e graval				
7.5		ery hard to stiff, dai ery hard to stiff, dai			- BIAVEI				
8		tiff to hard, gray-gra			taining				
<u>o</u>	13 5	mi to natu, gray-gra	-, er com oney		8				
							Flushmount wa	iver from 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) 9/19/11 and this record is true to the best of my knowledge and bener.									
Kansas Wa	Kansas Water Well Contractor's License No. 757 . This Water Well Record was completed of (moday/year) 11/4/11								
under the b	usiness name	of Larsen & As	sociates, Inc	2.		gnature)		<u> </u>	
INSTRUCT	IONS: Please	ill in blanks or circle	the correct answ	wers. Send to	op three cop	pies to Kansas Depart	ment of Health and Environment on the WATER WELL	nent, Bureau of Water,	
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Hanni and Environment, Bureau of Facility of 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 lower records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.									