WATE	R WELL	RECORD	Form WWC-5	Division	of Wat	ter Reso	urces; App. No.		
County	M	WATER WELL: [arshall	SE 4 SE 4 NE	1/4	22		Township Number T 4 S	R 6 E	
Distance and direction from nearest town or city street address of well if located within city? 208 W Main St., Waterville, KS 66548 Latitude: N 39.69006° Longitude: W 96.75161°									
2 WATER WELL OWNER: Kansas DOT RR#, St. Address, Box # : 1686 1 st Ave E City, State, ZIP Code : Horton, KS 66439						RIM: NAD	: 1171.60; TOC: 1171 9 83		
City, S	state, ZIP Co	ode : Horton	, KS 66439	Data			fethod: legal survey		
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 45 ft. LOCATON MW19									
		D (1())	donator Donas montana dil	IVI V	V19	A 2	Α 2		
l .	I AN "X" II	Deptn(s) Groun	idwater Encountered i	00 0 1 1		π. 2	π. 3	π.	
SECT	Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. ECTION BOX: WELL'S STATIC WATER LEVEL 37.22 ft. below land surface measured on mo/day/yr 2/18/10								
	N Pump test data: Well water was ft. after hours pumping gpm Est. Yield gpm: Well water was ft. after hours pumping gpm								
	Est. Yield gpm: Well water was ft. after hours pumping gpm								
-NW	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well								
U Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
SW SE Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs									
	S	Was a chemica Sample was su	I/bacteriological sample sub bmitted	omitted to I	Depart W	ment? /ater W	Yes No X; ell Disinfected? Yes	If yes, mo/day/yrs No X	
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped									
1 Ste	eel :	3 RMP (SR) 6	Asbestos-Cement 9 (Other (spec	ify bel	ow)	Welde	d	
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded (2) PVC 4 ABS 7 Fiberglass Threaded X									
PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 30 ft., Dia in. to ft., Dia in. to ft.									
Casing height below land surface 0.43 ft., Weight lbs./ft. Wall thickness or gauge No.									
TYPE OF	SCREEN (OR PERFORATION	MATERIAL:		1000				
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)									
2 Br	ass 4 Galv	anized steel 6 Co	ncrete tile 8 RM (SR)	10 Asbes	tos-Ce	ment	12 None used (open	n hole)	
1 Continuous slot (3) Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)									
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 30 ft. to 45 ft. From ft. to ft. From ft. to ft.									
-			From n.	to		n. Fr	om n. t	οπ.	
GR	LAVEL PAC	CK INTERVALS:	From 28 ft.	to 4:	5	n. Fro	om ft. t	o ft.	
From ft. to ft. From ft. to ft. 6 GROUT MATERIAL: 1 Neat cement Cement grout 3 Bentonite 4 Other Concrete: 0-2 ft									
6 GROUT MATERIAL: 1 Neat cement Cement grout (3 Bentonite (4)Other Concrete: 0-2 ft									
Grout Intervals From 2 ft. to 26 ft. From 26 ft. to 28 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 (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? SE How many feet? ~275ft									
FROM	TO	LITH	OLOGIC LOG	FROM	TO		PLUGGING INT	ERVALS	
0	1		ce with fine to coarse sand, trace						
		clay, and iron staining							
1	2.5	Dark brown silty clay,	low plasticity						
2.5	5	Brown clay with silt							
5	10	Brown clay with silt, tr							
10	15		ace caliche grading to red brow	n	-				
1.5	20	clay, little silt, black sta							
15	30	Red brown clay, little s	ed sand with siliceous gravel,		+	Flucha	nount waiver from E	ROW	
30	45	some clay, possibly gla		-		I lusiili	nount waiver nom 1	70 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) 2/17/10 and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. 757 . This Water Well Record was completed on (mo/day/year) 3/17/10									
under the business name of Larsen & Associates, Inc. by (signature)									
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 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.									