WATE	R WELL	RECORI)	Form	WWC-5		Division	ı of Water	r Resources; App	. No.						
		WATER		Fraction					Township Nu		Range	Numb	er			
	ty: Russell			NW v4 SW	V ,4 SW		6		T 14 S		R 12		(W)			
Dista	nce and dire	ection from 1	nearest town or c					tioning S	ystems (decima	l degre						
located within city?						i	Latitude:									
4115 193rd St., Bunker Hill, KS						1 "										
2 WATER WELL OWNER: Michigan Reutilization, LLC																
	, St. Addres		5590 B Havana			1	Datum:									
City, State, ZIP Code Denver, CO 80239							Datum. Data Coll	lection 1	Method:				_			
3 1.00	ATE WEL	L'S ADE	EPTH OF COM		/ELL 24.5		- aiu CUI	ft.								
	CATION		J. III OI COIVI.	עטוויייי א	24.3			11,								
	H AN "X"	IN Dept	th(s) Groundwat	ter Encounte	ered (1)		ft.	(2)	ft	(3)			ft.			
	TION BOX	K: WEL	th(s) Groundwat LL'S STATIC WA	ATER LEVE	EL 18.64	ft. h	pelow land	surface	measured on m	10/dav/	yr 7-17-	-07				
220	N N		Pump test dat	ta: Well wate	er was		ft. after		hours pum	ping		or	pm			
		Est.	Yield gpi													
NI	WNE-	WEL	LL WATER TO E	BE USED AS	S: 5 Public	water si	upply	8 Air	conditioning 1	1 Inje	ction we	ell	•			
w	NE-	FIDO	omestic 3 Fee	edlot 6	Oil field v	water sup	ply	9 Dew	atering	12 Oth	her (Spec	cify bel	ow)			
"		2 Irri	igation 4 Indu	strial 7	Domestic ((lawn& g	garden)	10 Mon	itoring well							
6.	W. GE						•									
¥ -5,	WSE-	Was	a chemical/bacte ple was submitted	riological sa	ımple subm	vitted to I	Departmer	nt'? Yes .	No X	11 ہے۔۔۔۔	yes, m	o/day/y	yrs			
لـــا	1 1	→ Sam	ple was submitted	d		Water	well disi	nfected?	Yes N	10 X						
	S		15th Eth													
5 TYPE	E OF CASI	ING USED:	5 Wrought	Iron	8 Concre	ete tile		CASIN	G JOINTS: Glu	ued	Clar	nped.				
I	Steel	3 RMP (SR)	6 Asbestos	s-Cement	9 Other	(specify	below)		We	elded	.,					
_			7 Fiberglas	SS					We Th	readed	X					
Blank	asing diame	eter 2	in. to 10	ft., Dian	meter.	in	1. to	ft	Diameter		in. to		ft.			
Casing	height abov	e land surfac	:e	in., Wei	ght	l	lbs./ft. W	all thick	eness or guage	No.	SCH40					
TYPE	OF SCREEN	N OR PERFO	ORATION MATI	Blank casing diameter 2 in. to 10 ft., Diameter in. to ft. Casing height above land surface in., Weight lbs./ft. Wall thickness or guage No. TYPE OF SCREEN OR PERFORATION MATERIAL:												
I Steel 3 Stainless Steel 5 Fiberglass 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)																
I	Steel	3 Stainless	Steel 5 Fibe	erglass (7 y vc	9 A	BS		1 1 Other (Sp	ecify)						
)	Brass	4 Galvaniz	Steel 5 Fibe and Steal 6 Conc	erglass (7)VC 8 RM (SR)	9 A) 10 <i>A</i>	BS Asbestos-C	Cement	1 1 Other (Sp 12 None used	ecify) i (open	hole)					
2 SCREE	N OR PERI	FORATION	OPENINGS AR	erglass crete tile E:												
2 SCREE I	N OR PERI	FORATION us slot 3 Mi	OPENINGS AR	erglass crete tile E: Guazed wrapp	ped 7 Tc	oreh cut	9 Drilled	d holes	I I None (d	open ho	ole)					
2 SCREE I	N OR PERI	FORATION us slot 3 Mi	OPENINGS AR	erglass crete tile E: Guazed wrapp	ped 7 Tc	oreh cut	9 Drilled	d holes	I I None (d	open ho	ole)					
2 SCREE I	N OR PERI Continuou Louvered N-PERFOR	FORATION us slot 3 Mi shutter 4 Ke RATED INT	OPENINGS ARI ill slot 5 C ey punched 6 W ERVALS: From	erglass Erete tile E: Guazed wrapp Vire wrapped 24.5	ped 7 To d 8 Sa ft. to 10	orbh cut aw Cut 0	9 Drilled 10 Other	d holes (specify	I I None (c	open ho	ole)		ft.			
2 SCREE I	N OR PERI Continuou Louvered N-PERFOR	FORATION us slot 3 Mi shutter 4 Ke RATED INT	OPENINGS ARI ill slot 5 C ey punched 6 W ERVALS: From	erglass Erete tile E: Guazed wrapp Vire wrapped 24.5	ped 7 To d 8 Sa ft. to 10	orbh cut aw Cut 0	9 Drilled 10 Other	d holes (specify	I I None (c	open ho	ole)		ft.			
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SCREE I 2 SCREE	CON OR PERICONTINUOUS LOUVERED IN-PERFOR GRAVEL OUT MATE Intervals:	FORATION us slo 3 Mi shutter 4 K RATED INT PACK INT ERIAL: I From 8	OPENINGS AR ill slot 5 C ey punched 6 W ERVALS: From From ERVALS: From From Neat cement 2 ft. to 1	erglass Crete tile E: Guazed wrapped 24.5 Cement gro ft.,	ped 7 To d 8 Sa ft. to 10 ft. to ft. to	oreh cut aw Cut 0	9 Drilled 10 Other ft., ft., ft.,	d holes (specify From From From From From	1 I None (c	ft. to ft. to ft. to ft. to	ole)		. ft. . ft. . ft.			
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INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1 000 SW Jackson X, Suite 420, Topeka, Kansas 66612-1 367. 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.kdhe.state.ks.us/geo/waterwells.