		CECOKD .									
1 LOCA	ATION OF V	VATER WELL:	Fraction	NF 1/	NE /	Section N	umber	Township Nu	ımber	Range Nur	mber
Distance	and direction	from nearest town	or city stree	t address of	well if G	lohal Po	sitioning	System (decir	nal deor	ees min of 4	digite)
LOCATION OF WATER WELL:   Fraction   Section Number   Township Number   Range Number   Township Numb											
Longitude: W 97.61622°  2 WATER WELL OWNER: Something Else, LLC  RR# St Address Box # PO Box 1305  Datum: WGS84											
RR#, St. Address, Box # : PO Box 1305  City, State, ZIP Code : Salina, KS 67402  Datum: WGS84  Data Collection Method: legal survey											
City (	State 7TD Co	An Calina	KS 67402			Datum. Data Coll	ection N	/ethod∙ legal o	HTVEV		
2 LOC	TE WELLS	S A DEPTH OF	COMPLE	TED WELL	33 00	Jana Con	CCLIOII IV	ft	uivey		
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 33.90 ft. LOCATON MW2											
LUCA	AIUN LANGUM IN	D4h(-) C	december Ten			1 <b>V1 VV Z</b>	<b>A</b> 2		Α 2		Δ
WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 WELL'S STATIC WATER LEVEL 26.86 ft. below land surface measured on mo/day/yr 11										π.	
SECT											9/12
	N	Pump	test data:	Well water	was	ft.	after	hours	pumpu	.1g	gpm
		Est. Yield	gpm:	Well water	was	ft.	. after	hours	pumpi	ng	gpm
⊢ <sub>N</sub> y	v— ¼—	WELL WATER									
w L		_ 11 Domestic 3	Feed lot	6 Oil field w	vater supp	y	9 Dew	atering 1	2 Othe	r (Specify b	elow)
W 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well											
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs											
S Sample was submitted Water Well Disinfected? Yes No X											
5 TYPE OF CASING LISED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped											
1 04	of CASHII	DMD(CD) 6	A chector C	oment (	Other (c	nacify h	olow)	ind John 15.	Waldad	Clampe	·
(2) DY		RMP (SR) 6 ABS 7	Asuesius-Ci	ement	Ouici (s	pecity be	710W)		Throad		
(2) PV	. 1	ABS /	ribergiass	D'-				D:-	i nread	ed	
Blank cas	ing diameter	2 in. to	18.90 π	., Dia	11	1. to	п.,	, Dia	in.		π.
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 18.90 ft., Dia in. to ft., Dia in. to ft.  Casing height below land surface 0.40 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) 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)											
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
2. Louvered shutter 4 Key nunched 6 Wire wranged 8 Saw Cut 10 Other (specify)											
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 18.90 ft. to 33.90 ft. From ft. to ft.											
			From		ft to		ft Fr	om	ft to		A
GP	AVEL DACK	INTERVALS:	From	17	ft to	34 30	A Fr	om	A to		A
O.K	AVELIACE	THILK VALS.	From		ft to	J7.JU	fi Fr	om	ft to		ft.
From ft. to ft. From ft. to ft.  GRAVEL PACK INTERVALS: From 17 ft. to 34.30 ft. From ft. to ft.  From ft. to ft. From ft. to ft.  From ft. to ft. From ft. to ft.  6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1 ft											
6 GROU	T MATERI	AL: I Neat cem	ent (2) Cen	nent grout	Bento	nite (	4 Otner	Concrete: 0-1	l it		
		m 1 ft. to			14 π.	to1	7 n.	From		It. to	ft.
		rce of possible con			0.7.		10.7			1601	
	tic tank	4 Lateral lin						ecticide Storage		16 Other (sp	ecify
	er lines	5 Cess pool		ge lagoon (1				indoned water	well	below)	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well											
Direction	from well?	SE		Н	low many	feet? ~2	0 ft				
FROM	TO	LITHOL	OGIC LOG		FROM	TO		PLUGGING	3 INTE	RVALS	
0		sphalt									
0.3		rown silty clay					ļ				
15	34.30 G	ray silty clay									
							-				
							<del>                                     </del>				
							Flushn	nount waiver f	from B	ow	
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)1/18/13 and this regord is true to the best of my knowledge and belief.											
							complete	on (mo/day/yea	er)2	/4/13	
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 to the WATER WELL OWNER and retain one for											
Geology Sect	ion, 1000 SW Ja Fee of \$5.00 for	ckson St., Suite 420, To reach constructed well	opeka, Kansas Visit us at ht	66612-1367. 7 tp://www.kdhei	l elephone 78 ks.gov/water	5-296-5522 well	2. Send de	to WATER WE	LL OWN	EK and retain o	one for
,											