WATE	R WELL	RECORD	Form	WWC-5				irces; App. No.		
	_	WATER WELL:	Fraction SW 14	SW ¼		ection Nu 35				Range Numbe
County: Sumner SW 1/4 SW 1/4 SE 1/4 35 T 31 S R 1 W Distance and direction from nearest town or city street address of well if Global Positioning System (decimal degrees, min. of 4 digits										
located v	vithin city? 90	11 North A, Welli	ngton, KS 67	7152	I	Latitude: Longitude:	NA			
2 WAT	ED WELL	WNER: Ken I	itznatrick			Elevation:				
		Box # : 9011 h				Datum:				
City	State, ZIP Co	de : Wellin	gton, KS 671	52	1	Data Colle	ction M	ethod: NA		
City, State, ZIP Code : Wellington, KS 67152 Data Collection Method: NA 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 16 ft.										
i	ATON					MW8				
1	H AN "X" IN	Depth(s) Grou	ndwater Ence	ountered 1					ft. 3	
1	TION BOX:	WELL'S STA	TIC WATER	LEVEL	7.35 ft.	below lan	d surfac	ce measured or	n mo/d	ay/yr 8/22/13
SEC	N									ng gp
		Est Vield	b rost dam.	Well water v	vas	ft 8	after	hours	numni	ng gp
		WELL WATE	D TO DE U	SED AS: 5	Public wat	er supply	R Δir	conditioning	11 Ir	viection well
	WHINE	1 Domestic 3	Food lot	COI field w	rator cumnl	or suppry	O Devre	tering 1	2 Oth	er (Specify belov
w		E 2 Irrigation 4	Industrial	7 Domestic	loum & a	orden) (i	Monit	toring well	2 Om	ci (bpccity octo
		2 Imgation 4	muusutat	Domestic	lawn & g	arden) u	O)WIOIII	toring wen		
S	N T SE T	Was a shamin	1/haataria1aa	ical cample	oubmitted.	to Departs	ment?	Vec No	v .	If yes moldayly
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 USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped										
5 TYPI	E OF CASIN	G USED: 5	Wrought Iro	on 8	Concrete	e tile	CASI	NG JOINTS:	Glued	Clamped
1 St	eel 3	RMP (SR) 6	Asbestos-C	ement 9	Other (s	pecify belo	ow)		Welde	d
(2)P	VC 4	ABS 7	Fiberglass						Thread	led X
Blank ca	sing diameter	2 in. to	6.30 ft	., Dia	ir	ı. to	ft.,	Dia	in.	to
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 6.30 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface NA ft., Weight lbs./ft. Wall thickness or gauge No.										
1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify)										
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)										
ISCREEN OR PERFORATION OPENINGS 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 6.3 ft. to 11.3 ft. From ft. to ft.										
SCILLI	-1 Lid Old II	LD MILLICITED	From		ft to		ft Fro	m	ft t	0
GI	AMEL DACI	K INTERVALS:	From		ft to	11 75	ft Ero	m	ft. t	0
61	CAVELTACI	ZINIEKVALS.	From		ft. to	11./3	ft Ero	m	ft. t	
From ft. to ft. From ft. to ft.										
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1ft Grout Intervals From 1 ft. to 5 ft. From ft. to ft. From ft. to ft.										
Grout Intervals From 1 ft. to 5 ft. From ft. to ft. From ft. to ft.										
What is the nearest source of possible contamination:										
	tic tank		nes 7 Pit pri					cticide Storage		16 Other (speci
	ver lines		8 Sewag		Fuel sto			ndoned water	well	below)
		lines 6 Seepage	_	11				well/ gas well		
Direction	from well?					feet? ~17	/ It			
FROM	TO		LOGIC LOG		FROM	TO		PLUGGING	INTE	ERVALS
0		ravel & soil beco		silty clay						
1		ed brown silty cl								
8	11.75 G	Gray brown silty	eiay							
]	Flushm	ount waiver f	rom B	ow
							$\overline{}$			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) reconstructed, or (3) plugged										
under my jurisdiction and was completed on (mo/day/year) 7/30/13 and this record is true to the best of my knowledge and belief. This Water Well Record was completed on (mo/day/year) 10/21/13										
		actor's License No. of Larsen & Asso				ord was con			r)10	721/13
										D
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 and to WATER WELL OWNER and retain one for										
your records	Fee of \$5.00 fo	r each constructed we	l. Visit us at htt	p://www.kdhek	s.gov/water	well.		I WATER WE		und round one i