									IAI AA-OLZ	
W	ATER WELL F	LUGGIN	G RECORD	Form WWC-5P	KSA 82	a-1212	ID NO.	0042805		
1	LOCATION C County:	Se	ward	Fraction SW 1/4 SE 1/2	4 SE 1/4	;	on Number 3	Township Number 35S	Range Number 34 W	
	Distance and 10' N, 10' W	direction of NW Co	from nearest to orner of Barn,	own or city street add West 2 nd St. – Libe	dress of we	II if locate	ed within city	?	J 34 VV	
2							Global Positioning System (decimal degrees, min. of 4 digits) Latitude: Longitude: Elevation: Datum: Data Collection Method:			
3	MARK WELL WITH AN "X"			4 DEPTH OF V	•	150).42 ft.	ourou.		
	BOX:	N		WELL'S STA	WELL'S STATIC WATER LEVEL Not Measured ft					
		1W	NE	WELL WAS	WELL WAS USED AS:					
	w				1 Domestic 5 Public Water Supply 9 Dewatering					
		SW	SF	3 Feedlot	2 Irrigation 6 Oil Field Water Supply 10 Monitoring 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other					
	· ·		x	Was a cher	Was a chemical/bacteriological sample submitted to Department? Yes No _X					
5	TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile										
	Blank casing diameter 4 in. Was casing pulled? Yes X No If yes, how much 3 ft. Casing height above or below land surface 36 in.									
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
	Grout Plug Int	tervals:	From 3	ft. to 150.42	ft., From		ft. to	ft., From	to ft.	
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage										
	3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide stora 4 Lateral lines 9 Feedyard 14 Abandoned wat 5 Cess pool 10 Livestock pens 15 Oil well/Gas we						age ter well Direction from well?			
-	FROM 0	TO 3		ING MATERIALS	FF	ROM	ТО	PLUGGING MA	ATERIALS	
l										
co	mpieted on (m	o/day/yea	ir) 09/	29/10 and the	nis record i	s true to	the best of m	nder my jurisdiction ar ny knowledge and bel	ief. Kansas Water	
	ell Contractor's siness name	License	No53	1	r Well Reco	ord was o	completed on	(mo/day/year)10	/14/10 under the	
of	000 Harrio	Geotec	hnical Service	es, Inc. by	(signature)	L	Larci.	Chadel		

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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell.