WATER WELL RECORD	Form WWC-5	Division of	Water Resources; App. No.	
1 LOCATION OF WATER WELL:	Fraction	Section Numb	/ · *	
County: Loud	WW4 5W1/4 SW1/4	Clahal Basitia	ning Systems (decimal deg	R 3 (W)
Distance and direction from nearest town or cit located within city?	South 2 mill	Latitude		grees, min. of 4 digits)
2 WATER WELL OWNER: Larry Brundridge Elevation:				
2 WATER WELL OWNER: Larry	soundridge	Elevation:		
RR#, St. Address, Box # : \\ \( \sigma \)	SOB KA	Datum:		
City, State, ZIP Code :	in KS 66701	Data Collect	ion Method:	
	LETED WELL 1.7.0	1	ft.	
LOCATION WITH AN "X" IN Depth(s) Groundwater Encountered (1)				
WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1)/3. ft. (2)				
N Pump_test data: Well water wasft. after hours pumping gpm				
Est. Yield. <b>20</b> .gpm: Well water wasft. after hours pumping				
WELL-WATER TO BE USED AS: 5 Public water supply  8 Air conditioning 11 Injection well  Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)				
W Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well				
SW SE Wy 1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1				
was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs				
Sample was submitted				
S	0.0		ania ionima al I	
5 TYPE OF CASING USED: 5 Wrought I 1 Steel 3 RMP (SR) 6 Asbestos-			SING JOINTS: Glued	- 1
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded				
Blank casing diameter				
Casing height above land surface				
TYPE OF SCREEN OR PERFORATION MATE.  1 Steel 3 Stainless Steel 5 Fiber,		ADC	11 Other (Specify)	
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)				
SCREEN OR PERFORATION OPENINGS ARE  1 Continuous slot 3 Mill slot 2 Lazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)				
1 Continuous slot 3 Mill slot 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)				
From				
GRAVEL PACK INTERVALS: From				
From				
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Intervals: From				
What is the nearest source of possible contaminati			0.7	1604 ( 10
1 Septic tank 2 Sewer lines 5 Cess pool		-	3 Insecticide storage 4 Abandoned water well	16 Other (specify below)
1			5 Oil well/gas well	
Direction from well? South W.S.	How m	any feet?	201 °	
FROM TO LITHOLOGIC	LOG FRO		PLUGGING INT	ZRVALS 1
O 1 Top Sail	13	0 /63	sand Slowe	WALC )
11 22 Stowe Clay	16.	3 170 6	ary Shile	
72 115 Canal State				
45 68 Ten Shell				
68 95 Send Stone				
195 90 Ten Shall				
10 98 Spink Story				
120 130 Tel 56.11				
7 CONTRACTOR'S OR LANDOWNER'S CE	RTIFICAPION: Zhis we	er well was (1) co	enstructed, (2) reconstruc	ted, or (3) plugged
under my jurisdiction and was completed on (mo/day/was				
Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year) 2.6				
under the business name of by (signature)  INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, undertine or circle the baset 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 on for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.				