WATER WELL RECORD Form	n WWC-5 KS	SA 82a-1212	ID No.					
1 LOCATION OF WATER WELL: Fraction		Section N	umber	Township Nu	mber	Ran	ge Nun	nber
County: Ottawa SE 1/4 SE 1/4	NW 1/4	28		<u>† 9</u>	s	R	_5	₽ /W
Distance and direction from nearest town or city street address of well	if located within	city?						
7 miles North of Ada, KS								
2 WATER WELL OWNER: Bruce Labbe								
RR#, St. Address, Box # : Box 105 City, State, ZIP Code : Minneapolis, KS 6746	57			Board of Agr Application I		ivision of V	Vater R	esources
3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED V		ft.	ELEVATION	ON:				
AN "X" IN SECTION BOX: Depth(s) Groundwater Encou				measured on mo/				
Pump test data:								
Est. Yield .5-6 gpm:								gpm
WELL WATER TO BE USED 1 Domestic 3 Feedlo		water supply d water suppl		Air conditioning Dewatering		jection wel <u>ther (</u> Spec		w)
W E 2 Irrigation 4 Industr				Monitoring well				••,
SW SE Was a chemical/bacteriologic	al sample submi	tted to Depart						
mitted			Wate	er Well Disinfecter	d? Yes 🗶	•	No	
5 TYPE OF BLANK CASING USED: 5 Wrought in	on 8	Concrete tile		CASING JOIN	NTS: Glued	X C	lamped	
1 Steel 3 RMP (SR) 6 Asbestos-1 X PVC 4 ABS 7 Fiberglass	Cement 9	Other (specific	y below)		Welde	ed ded		
Blank casing diameter5in. to	ft., Dia	in. t	to	ft., Dia		in.	to	ft.
Casing height above land surface1.2 in., weigh								
TYPE OF SCREEN OR PERFORATION MATERIAL:		X PVC			estos-Cem			
1 Steel 3 Stainless Steel 5 Fiberglass		8 RMP (SR	1)		r (Specify)			•••••
2 Brass 4 Galvanized Steel 6 Concrete to	tile	9 ABS		12 None	e used (op	en hole)		
SCREEN OR PERFORATION OPENINGS ARE:	5 Guazed wr			8 Saw cut		11 None	(open h	iole)
1 Continuous slot X Mill slot	6 Wire wrapp 7 Torch cut	ed		9 Drilled holes0 Other (specify)				4
2 Louvered shutter 4 Key punched		_		. , .				
SCREEN-PERFORATED INTERVALS: From	ft. to85	i ft	, From		ft. to	•••••		ft.
From	π. το	π	, From		ft. to	••••••	• • • • • • • • • • • • • • • • • • • •	
From								
T								
6 GROUT MATERIAL: 1 Neat cement 2 Cement		X Bentonite		Other				
Grout Intervals: From	m							
What is the nearest source of possible contamination:) Livestoc	•		pandoned		/ell
•	Pit privy		Fuel sto	_		il well/Gas		
2 Sewer lines 5 Cess pool 8 Sewage		on 12 Fertilizer storage 13 Insecticide storage			MXOther (specify below) Old windmill well			
	Feedyard			_		W.L.I.W.M.	H.H.A)	W=1.T
Direction from well? North			ow many f		00110 111	EED) (AL O		
FROM TO LITHOLOGIC LOG		ROM TO	<u>' </u>	PLU	GGING IN	EHVALS		
0 3 Topsoil								
3 7 Clay, tan								
7 41 Shale, gray 41 63 Shale, red								
63 84 Sandstone, tan								
, , , , , , , , , , , , , , , , , , ,								
84 100 Shale, gray								
			-					
	-							
7	L		<u></u>					
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This was	ter well was 🗱	constructed, ((2) recons	tructed, or (3) plu	ugged und	er my juris	diction	and was
completed on (mo/day/year)9/9/03								
under the business name of Peterson Irrigation , I		tecolu was co		nature)	···9///3/	D:3	••••••	•••••
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT		anks, underline or			three copies	o Kansas Dor	nartment o	Health

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, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.