

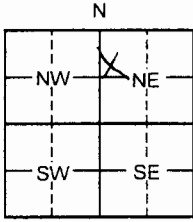
**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

|   |   |  |                                  |                               |
|---|---|--|----------------------------------|-------------------------------|
| <b>1 LOCATION OF WATER WELL:</b>  | Fraction<br>SW <input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> | Section Number<br><b>9</b>   | Township Number<br>T <b>10</b> S | Range Number<br>R <b>10</b> E |
| County: <b>Pottawatomie</b>   |   | Distance and direction from nearest town or city street address of well if located within city? <b>712 4<sup>th</sup>, Wamego KS</b>   |                                  |                               |
| <b>2 WATER WELL OWNER:</b> KDHE (Pal Company Inc)<br>RR#, St. Address, Box # : 1000 SW Jackson<br>City, State, ZIP Code : Topeka, KS, 66612 |   | <b>Global Positioning System</b> (decimal degrees, min. of 4 digits)<br>Latitude: <u>N 39.20101 °</u><br>Longitude: <u>W 96.30472 °</u><br>Elevation: <u>RIM: 989.52; TOC: 989.14</u><br>Datum: <u>above mean sea level</u><br>Data Collection Method: <u>legal survey</u> |                                  |                               |

|   |  |
|---|--|
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> | <b>4 DEPTH OF COMPLETED WELL</b> <u>38.5</u> ft. |
|---|--|



**MW3**

Depth(s) Groundwater Encountered 1 \_\_\_\_\_ ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL 30.69 ft. below land surface measured on mo/day/yr 6/30/09

Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Est. Yield \_\_\_\_\_ gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Domestic (lawn & garden)  Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No  ; If yes, mo/day/yr \_\_\_\_\_

Sample was submitted \_\_\_\_\_ Water Well Disinfected? Yes \_\_\_\_\_ No

**5 TYPE OF CASING USED:**

|                                      |            |                   |                         |  |
|--------------------------------------|------------|-------------------|-------------------------|--|
| 1 Steel                              | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) | CASING JOINTS: Glued _____ Clamped _____     |
| <input checked="" type="radio"/> PVC | 4 ABS      | 7 Fiberglass      |                         | Welded _____                                 |
|                                      |            |                   |                         | Threaded <input checked="" type="checkbox"/> |

Blank casing diameter 2 in. to 23.5 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height below land surface 0.38 ft., Weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

|         |                    |                 |                                      |                    |                          |
|---------|--------------------|-----------------|--------------------------------------|--------------------|--------------------------|
| 1 Steel | 3 Stainless steel  | 5 Fiberglass    | <input checked="" type="radio"/> 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) |

**SCREEN OR PERFORATION OPENINGS ARE:**

|                    |  |                 |             |                    |                     |
|--------------------|--|-----------------|-------------|--------------------|---------------------|
| 1 Continuous slot  | <input checked="" type="radio"/> 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 23.5 ft. to 38.5 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From 22 ft. to 38.5 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement  Cement grout  Bentonite  Other **Concrete: 0-2**

Grout Intervals From 2 ft. to 20 ft. From 20 ft. to 22 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

|                          |                 |                 |                       |                         |  |
|--------------------------|-----------------|-----------------|-----------------------|-------------------------|--|
| 1 Septic tank            | 4 Lateral lines | 7 Pit privy     | 10 Livestock pens     | 13 Insecticide Storage  | <input checked="" type="radio"/> Other (specify below) |
| 2 Sewer lines            | 5 Cess pool     | 8 Sewage lagoon | 11 Fuel storage       | 14 Abandoned water well |  |
| 3 Watertight sewer lines | 6 Seepage pit   | 9 Feedyard      | 12 Fertilizer storage | 15 Oil well/ gas well   | <b>Unknown</b>   |

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

| FROM | TO | LITHOLOGIC LOG   | FROM | TO | PLUGGING INTERVALS                  |
|------|----|--|------|----|-------------------------------------|
| 0    | 1  | Concrete   | 30   | 42 | Gray medium to coarse grained sand, |
| 1    | 5  | Brown silty clay, moderate plasticity, moist                 |      |    | Poorly sorted, some clay, wet       |
| 5    | 10 | Brown silty clay, moderate plasticity, moist, poor recovery  |      |    |                                     |
| 10   | 15 | Brown silty clay, moderate plasticity, moist, no recovery    |      |    |                                     |
| 15   | 30 | Gray brown clay with silt, low to moderate plasticity, moist |      |    | Flushmount waiver from BOW          |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) 6/9/09 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 757 . This Water Well Record was completed on (mo/day/year) 7/1/09 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 one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell>.