

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Pottawatomie	Fraction SW ¼ NW ¼ NE ¼	Section Number 9	Township Number T 10 S R 10 E	Range Number	
Distance and direction from nearest town or city street address of well if located within city? 308 Lincoln, Wamego KS		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N 39.20036 ° Longitude: W 96.30444 ° Elevation: RIM: 988.75; TOC: 988.49 Datum: Above mean sea level Data Collection Method: legal survey			
2 WATER WELL OWNER: KDHE (Pal Company Inc) RR#, St. Address, Box # : 1000 SW Jackson City, State, ZIP Code : Topeka, KS, 66612					

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>37</u> ft.
	Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft.
	WELL'S STATIC WATER LEVEL <u>31.3</u> ft. below land surface measured on mo/day/yr 6/11/09
	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) 10 Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes _____ No X	

5 TYPE OF CASING USED:	5 Wrought Iron 8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)		Welded _____
2 PVC 4 ABS 7 Fiberglass		Threaded X
Blank casing diameter <u>2</u> in. to <u>22</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		
Casing height below land surface <u>0.26</u> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____		
TYPE OF SCREEN OR PERFORATION MATERIAL:		
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)		
SCREEN 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 <u>22</u> ft. to <u>37</u> ft. From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>37</u> ft. From _____ ft. to _____ ft.		

6 GROUT MATERIAL:	1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-2	
Grout Intervals From <u>2</u> ft. to <u>18</u> ft. From <u>18</u> ft. to <u>20</u> 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 16 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 Unknown		
Direction from well? _____ How many feet? _____		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Fine coarse gravel with sand and dark brown silt, moist	25	30	Brown fine sand with trace clay, well sorted, clay matrix, very moist
1	5	Brown silty clay, low plasticity, moist	30	35	Tan medium to coarse sand, not well sorted, wet
5	10	Brown very fine sandy clay, low plasticity, moist	35	40	Tan coarse sand, fairly well sorted, wet
10	15	Brown silty clay, moderate plasticity, moist			
15	20	Brown silty clay, low plasticity, moist			
20	25	Brown fine sand, well sorted, clay matrix, very moist			
					Flushmount waiver from BOW

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **1** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 6/11/09 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>.