

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No.

1 LOCATION OF WATER WELL: Fraction <u>SW 1/4 NW 1/4 NE 1/4</u>		Section Number <u>9</u>	Township Number <u>T 10 S</u>	Range Number <u>R 10 E</u>										
County: <u>Pottawatomie</u>		Global Positioning System (decimal degrees, min. of 4 digits)												
Distance and direction from nearest town or city street address of well if located within city? <u>707 E. 4th St, Wamego KS</u>		Latitude: <u>NA</u>	Longitude: <u>NA</u>											
2 WATER WELL OWNER: <u>KDHE (4th & Lincoln)</u>		Elevation: <u>RIM: 987.71; TOC: 987.46</u>	Datum: <u>Above mean sea level</u>											
RR#, St. Address, Box # : <u>1000 SW Jackson</u>		Data Collection Method: <u>legal survey</u>												
City, State, ZIP Code : <u>Topeka, KS, 66612</u>														
3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX: <table border="1" style="margin: auto; text-align: center;"> <tr><td colspan="2">N</td></tr> <tr><td>NW</td><td>X NE</td></tr> <tr><td>W</td><td>E</td></tr> <tr><td>SW</td><td>SE</td></tr> <tr><td colspan="2">S</td></tr> </table>	N		NW	X NE	W	E	SW	SE	S		4 DEPTH OF COMPLETED WELL <u>38.5</u> ft.			
	N													
	NW	X NE												
	W	E												
SW	SE													
S														
MW13														
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.														
WELL'S STATIC WATER LEVEL <u>30.69</u> ft. below land surface measured on <u>mo/day/yr 12/7/09</u>														
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) <u>10</u> Monitoring well														
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr														
Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>														
5 TYPE OF CASING USED:														
1 Steel		3 RMP (SR)		6 Asbestos-Cement										
<u>2</u> PVC		4 ABS		7 Fiberglass										
Blank casing diameter <u>2</u> in. to <u>23.5</u> ft., Dia		in. to _____ ft., Dia		in. to _____ ft.										
Casing height below land surface <u>0.25</u> ft., Weight _____ lbs./ft.		Wall thickness or gauge No. _____												
TYPE OF SCREEN OR PERFORATION MATERIAL:														
1 Steel		3 Stainless steel		5 Fiberglass										
2 Brass		4 Galvanized steel		6 Concrete tile										
SCREEN OR PERFORATION OPENINGS ARE:		7 PVC		9 ABS										
1 Continuous slot		<u>5</u> Mill slot		5 Gauze wrapped										
2 Louvered shutter		4 Key punched		6 Wire wrapped										
SCREEN-PERFORATED INTERVALS:		From <u>23.5</u> ft. to <u>38.5</u> ft.		From _____ ft. to _____ ft.										
GRAVEL PACK INTERVALS:		From <u>21.5</u> ft. to <u>38.5</u> ft.		From _____ ft. to _____ ft.										
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.										
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite <u>4</u> Other Concrete: 0-2														
Grout Intervals From <u>2</u> ft. to <u>21.5</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.														
What is the nearest source of possible contamination:														
1 Septic tank		4 Lateral lines		7 Pit privy										
2 Sewer lines		5 Cess pool		8 Sewage lagoon										
3 Watertight sewer lines		6 Seepage pit		9 Feedyard										
Direction from well? <u>SW</u>		How many feet? <u>~310 ft</u>												
10 Livestock pens		13 Insecticide Storage		16 Other (specify below)										
11 Fuel storage		14 Abandoned water well												
12 Fertilizer storage		15 Oil well/ gas well												
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS									
0	1	Concrete												
1	2	Brown to dark brown coarse sand, trace silt, poorly sorted												
2	4	Brown silty clay, mod. plasticity												
4	9	Brown silty clay with very fine sand, mod. plasticity												
9	19	Brown silty clay with very fine sand, gray tint, mod plasticity												
19	26	Light brown silty clay with very fine sand, low plasticity												
26	29	Light brown silty clay with very fine sand, mottled gray brown iron staining, mod. plasticity												
29	42	Brown coarse sand, poorly sorted			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) <u>12/7/09</u> and this record is true to the best of my knowledge and belief.														
Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>1/13/10</u>														
under the business name of <u>Larsen & Associates, Inc.</u> 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 .														