

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: SHAWNEE	Fraction SW 1/4 NE 1/4 NE 1/4	Section Number 26	Township Number T 10 S	Range Number R 15 E
Distance and direction from nearest town or city street address of well if located within city? 3047 NW 62ND TOPEKA, KS.		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 39.15735 Longitude: 95.70443 Elevation: 1112 Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: MR. KELLY DONALDSON RR#, St. Address, Box # : 3047 NW 62ND ST City, State, ZIP Code : TOPEKA, KS.				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td>X</td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> W E S							X						4 DEPTH OF COMPLETED WELL ... 150 ft. Depth(s) Groundwater Encountered (1)... 81 ft. (2)... _____ ft. (3)... _____ ft. WELL'S STATIC WATER LEVEL..... _____ ft. below land surface measured on mo/day/yr. _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield... 1 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 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well CLOSED LOOP GEOTHERMAL 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
		X											

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 2 PVC 4 ABS 7 Fiberglass	5 Wrought Iron 8 Concrete tile 9 Other (specify below) HDPE	CASING JOINTS: Glued..... Clamped..... Welded X Threaded.....
Blank casing diameter 3/4 in. to 150 ft., Diameter. _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 48 in., Weight _____ lbs./ft. Wall thickness or gauge No. SDR11	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 Gauzed 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 _____ ft. to _____ ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		

6 GROUT MATERIAL: Grout Intervals: From 4 ft. to 150 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.	1 Neat cement 2 Cement grout Bentonite 4 Other _____ 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 Direction from well? _____ How many feet? _____
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	11	CLAY			
11	12	LEMBSTONE WEATHERED			
12	70	SHALE, GRAY			
70	81	SANDSTONE, LIGHT H2O			
81	129	SHALE, GRAY			
129	131	LEMBSTONE			
131	150	SHALE, GRAY			

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) **5/22/08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **760** This Water Well Record was completed on (mo/day/year) **8/19/08** under the business name of **ASSOCIATED DRILLING CO.** by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ball point pen. **PLEASE PRESS FIRMLY and PRINT** 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 constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.