

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>SHAWNEE</u>	Fraction <u>SW 1/4 NW 1/4 NE 1/4</u>	Section Number <u>12</u>	Township Number T <u>11</u> S	Range Number R <u>14</u> <u>EW</u>
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Distance and direction from nearest town or city street address of well if located within city? 2.5 MILES EAST OF SILVER LAKE

2 WATER WELL OWNER: CLINT WYATT
RR#, St. Address, Box # : 3711 NW MUNKSON AVE.
City, State, ZIP Code : TOPEKA, KS 66604

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N					
W	--NW--	X	--NE--	E	
	--SW--		--SE--		S

4 DEPTH OF COMPLETED WELL 180 ft.

Depth(s) Groundwater Encountered (1) 137 ft. (2) _____ ft. (3) _____ ft.
WELL'S STATIC WATER LEVEL..... 129 ft. below land surface measured on mo/day/yr. 6/29/07
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield... 5 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
 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

Was a chemical/bacteriological sample submitted to Department? Yes _____ Not _____; If yes, mo/day/yr
Sample was submitted..... Water well disinfected? Yes X No _____

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
<input checked="" type="checkbox"/> PVC	4 ABS	7 Fiberglass	

CASING JOINTS: Glued. X Clamped.....
Welded.....
Threaded.....

Blank casing diameter 6 in. to 57 ft., Diameter. 4.5 in. to 180 ft., Diameter _____ in. to _____ ft.
Casing height above land surface..... 24 in., Weight _____ lbs./ft. Wall thickness or guage No. SPR2L

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="checkbox"/> 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="checkbox"/> 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 140 ft. to 180 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 100 ft. to 180 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other _____

Grout Intervals: From 3 ft. to 57 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	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? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	14	SILTY SAND, ORANGE			
14	57	SILT GRAY			
57	61	SANDSTONE			
61	117	SHALE, GRAY			
117	119	LIMESTONE			
119	137	SHALE, GRAY			
137	151	SANDSTONE			
151	180	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) 6/29/07 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) 6/17/07 under the business name of ASSOCIATED MOLLON INC. 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>.