

MW-9

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 NW 1/4</u> | Section Number <u>34</u> | Township Number <u>T 11 S</u> | Range Number <u>R 15 E</u> |
|--|---|-----------------------------|----------------------------------|-------------------------------|

Distance and direction from nearest town or city street address of well if located within city? 706 Fairlawn Ave.

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

2 WATER WELL OWNER: LARRY'S SHORTSTOP/WORKINGMAN
 RR#, St. Address, Box # : 1200 BANK II TOWER
 City, State, ZIP Code : Topeka, KS 66603

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

N

| | | |
|---|--|--|
| | | |
| X | | |
| | | |

W E

S

4 DEPTH OF COMPLETED WELL 20 ft. MW-9

Depth(s) Groundwater Encountered (1).....17..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL.....6.53..... ft. below land surface measured on mo/day/yr. 10/13/2005
 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 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 No; If yes, mo/day/yrs
 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..... |
| <u>2 PVC</u> | 4 ABS | 7 Fiberglass | | Welded..... |
| | | | | <u>Threaded</u> |

Blank casing diameter in. to 5 ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface..... 0 in., weight.....lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

| | | | | | |
|---------|--------------------|-----------------|--------------|--------------------|--------------------------|
| 1 Steel | 3 Stainless Steel | 5 Fiberglass | <u>7 PVC</u> | 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 | <u>3 Mill slot</u> | 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.....5..... ft. to20..... ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From.....4..... ft. to20..... ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From1..... ft. to4..... 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 | <u>11 Fuel storage</u> | 14 Abandoned water well | |
| 3 Watertight sewer lines | 6 Seepage pit | 9 Feedyard | 12 Fertilizer Storage | 15 Oil wll/gas well | |

Direction from well? How many feet?

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|--|------|----|--------------------|
| 0 | 3' | Grass, Brown silty clays | | | |
| 3 | 8 | Tan silty clays | | | |
| 8 | 10 | Tan clays w/ Shale & Calcite | | | |
| 10 | 20 | Tan clays w/ Shale & Quartzite Rocks + Gravels | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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) 10-12-2005 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 207 This Water Well Record was completed on (mo/day/year) 11-20-2005. Under the business name of max's by (signature) David Smith

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.