

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources: App. No.  

<b>1 LOCATION OF WATER WELL:</b>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number <b>17</b>	Township Number <b>T 11 S R 16 E</b>	Range Number	
County: <b>Shawnee</b>		Distance and direction from nearest town or city street address of well if located within city? <b>2640 NW Topeka Blvd, Topeka, KS</b>			
<b>2 WATER WELL OWNER: Yingling (NW Reo Project)</b>		<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)			
RR#, St. Address, Box # : <b>2640 NW Topeka Blvd.</b>		Latitude: <b>N</b>			
City, State, ZIP Code : <b>Topeka, KS 66612</b>		Longitude: <b>W</b>			
		Elevation: _____			
		Datum: <b>above mean sea level</b>			
		Data Collection Method: <b>legal survey</b>			

<b>3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL</b> <u>49</u> ft.
	Depth(s) Groundwater Encountered 1 _____ 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 _____ 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 <b>Air Sparge</b>
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>	

<b>5 TYPE OF CASING USED:</b>	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____ Welded _____
<b>2</b> PVC	4 ABS	7 Fiberglass	Threaded _____ <b>X</b>
Blank casing diameter <u>2</u> in. to <u>46</u> ft., Dia _____ in. to <u>48-49</u> ft., Dia _____ in. to _____ ft.			
Casing height below land surface _____ ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____			
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>			
1 Steel	3 Stainless steel	5 Fiberglass	<b>7</b> PVC
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)
9 ABS			
11 Other (specify) _____			
10 Asbestos-Cement			
12 None used (open hole)			
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>			
1 Continuous slot	<b>3</b> Mill slot	5 Gauze wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut
9 Drilled holes			
11 None (open hole)			
<b>SCREEN-PERFORATED INTERVALS:</b>			
From <u>46</u> ft.	to <u>48</u> ft.	From _____ ft.	to _____ ft.
From _____ ft.	to _____ ft.	From _____ ft.	to _____ ft.
<b>GRAVEL PACK INTERVALS:</b>			
From <u>31</u> ft.	to <u>49</u> ft.	From _____ ft.	to _____ ft.
From _____ ft.	to _____ ft.	From _____ ft.	to _____ ft.

<b>6 GROUT MATERIAL:</b>	1 Neat cement	2 Cement grout	<b>3</b> Bentonite	<b>4</b> Other Cement: <u>0-27</u> ft.
Grout Intervals From <u>27</u> ft. to <u>31</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	10 Livestock pens	13 Insecticide Storage
2 Sewer lines	5 Cess pool	8 Sewage lagoon	<b>11</b> Fuel storage	14 Abandoned water well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/ gas well
16 Other (specify below) _____				
Direction from well? _____ How many feet? _____				

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Asphalt			
1	18	Clay with silt, brown, moist, no odor			
18	30	Sand with clay, very fine grained, brown, moist, slight petroleum odor			
30	37	Sand, medium grained, brown, well sorted, moist, petroleum odor			
37	49	Sand, coarse grained, gray, poorly sorted, wet, strong petroleum odor			
<b>Flushmount waiver from BOW</b>					

**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) 10/7/08 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) 12/29/08 under the business name of Larsen and 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>.