

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. _____

1 LOCATION OF WATER WELL: Fraction _____		Section Number	Township Number	Range Number	
County: Shawnee ¼ ¼ SE ¼		17	T 11 S	R 16 E	
Distance and direction from nearest town or city street address of well if located within city? 2640 NW Topeka Blvd, Topeka, KS		Global Positioning System (decimal degrees, min. of 4 digits)			
2 WATER WELL OWNER: Yingling (NW Reo Project)		Latitude: <u>N</u>			
RR#, St. Address, Box # : 2640 NW Topeka Blvd.		Longitude: <u>W</u>			
City, State, ZIP Code : Topeka, KS 66612		Elevation: _____			
		Datum: <u>above mean sea level</u>			
		Data Collection Method: <u>legal survey</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>33</u> ft.				
	SVE-4				
	Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> 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 <u>Soil Vapor Extraction</u>					
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	
2 PVC		4 ABS		7 Fiberglass	
5 Wrought Iron		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____	
9 Other (specify below)		Welded _____		Threaded <u>X</u>	
Blank casing diameter <u>4</u> in. to <u>18</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height below land surface _____ 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	
7 PVC		8 RM (SR)		9 ABS	
10 Asbestos-Cement		11 Other (specify)		12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauze wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
7 Torch cut		9 Drilled holes		11 None (open hole)	
8 Saw Cut		10 Other (specify)			
SCREEN-PERFORATED INTERVALS: From <u>18</u> ft. to <u>33</u> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>16</u> ft. to <u>33</u> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Cement: <u>0-14</u>					
Grout Intervals From <u>14</u> ft. to <u>16</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	
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			
Direction from well? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Asphalt			
1	21	Silty clay, brown, moist, no odor			
21	32	Sand with clay, brown, very fine grained, moist, slight petroleum odor			
32	35	Sand, gray, coarse grained, wet, petroleum odor			
Flushmount waiver from BOW					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>1</u> constructed, <u>2</u> reconstructed, or <u>3</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>10/9/08</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>12/29/08</u> under the business name of <u>Larsen and 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 .					