

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No. _____

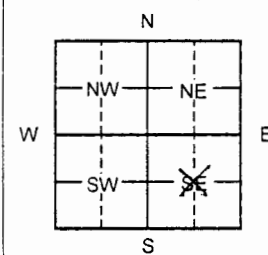
1 LOCATION OF WATER WELL: County: Shawnee	Fraction $\frac{1}{4}$ $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number 17	Township Number T 11 S	Range Number R 16 E
--	---	-----------------------------	----------------------------------	-------------------------------

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)
 Latitude: N
 Longitude: W
 Elevation: _____
 Datum: above mean sea level
 Data Collection Method: legal survey

2 WATER WELL OWNER: **Yingling (NW Reo Project)**
 RR#, St. Address, Box # : **2640 NW Topeka Blvd.**
 City, State, ZIP Code : **Topeka, KS 66612**

Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: above mean sea level
 Data Collection Method: legal survey

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



4 DEPTH OF COMPLETED WELL 33 ft.
SVE-6
 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 **Soil Vapor Extraction**
 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**

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 7 Fiberglass Threaded _____ **X**
 Blank casing diameter 4 in. to 18 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 **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 Gauze 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 18 ft. to 33 ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 16 ft. to 33 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 Cement: 0-1 ft.**
 Grout Intervals From 1 ft. to 16 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	1	Asphalt			
1	9	Clay with silt, brown, moist, no petroleum odor			
9	18	Sand with little clay, brown, very fine grained, moist, no odor			
18	31	Sand, brown, medium grained, well sorted, moist, petroleum odor			
31	33	Sand, gray-brown, coarse grained, poorly sorted, strong petroleum odor			
					Flushmount waiver from BOW

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) 11/13/08 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>.