

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources: App. No.                     

<b>1 LOCATION OF WATER WELL:</b>	Fraction County: <b>Shawnee</b> <b>NE ¼ NE ¼ SW ¼</b>	Section Number <b>32</b>	Township Number <b>T 11S S</b>	Range Number <b>R 16 E</b>
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Distance and direction from nearest town or city street address of well if located within city? **715 SE 4<sup>th</sup> Street, Topeka, KS**      **Global Positioning System** (decimal degrees, min. of 4 digits)  
 Latitude: N39.05111 °  
 Longitude: W95.66083 °  
 Elevation: RIM: 887.33 TOC: 887.10  
 Datum: above mean sea level  
 Data Collection Method: legal survey

<b>2 WATER WELL OWNER: Whelan's Inc.</b> RR#, St. Address, Box # : <b>715 SE 4<sup>th</sup> Street</b> City, State, ZIP Code : <b>Topeka, KS 66607-1826</b>	
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<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL 25 ft.</b>
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N

NW	X	NE	
SW	SE		

S

MW9

Depth(s) Groundwater Encountered 1 \_\_\_\_\_ ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL **14.44** ft. below land surface measured on mo/day/yr **3/16/09**

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**

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**

<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 _____		Threaded <b>X</b>
<b>2 PVC</b> 4 ABS      7 Fiberglass		
Blank casing diameter _____ in. to <b>15</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		
Casing height below land surface <b>0.23</b> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____		

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless steel	5 Fiberglass	<b>7 PVC</b>	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	<b>3 Mill slot</b>	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 **15** ft. to **25** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From **14** ft. to **25** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout **3 Bentonite** **4 Other Concrete: 0-2**

Grout Intervals From **2** ft. to **14** 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	<b>10 Livestock pens</b>	13 Insecticide Storage	16 Other (specify below)
2 Sewer lines	5 Cess pool	8 Sewage lagoon	<b>11 Fuel storage</b>	14 Abandoned water well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/ gas well	

Direction from well? **E**      How many feet? **~100ft.**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	Asphalt	16	25	Silty clay, light brown, moderate to high plasticity, wet, no odor
3	4	Silty clay, dark brown, moderate plasticity, moist, no odor			
7	8	Silty clay, gray-brown, moderate plasticity, stiff, moist, no odor			
10	11	Silty clay, gray-brown, moderate to high plasticity, moist, no odor			
14	15	Silty clay, light brown, moderate to high plasticity, moist, no 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) **3/16/09** 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) **4/29/09** under the business name of **Larsen & 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>.