

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		NE ¼ SE ¼ SE ¼		30		T 11 S R 16 E	
Distance and direction from nearest town or city street address of well if located within city? 201 N. Kansas, Topeka				Global Positioning System (decimal degrees, min. of 4 digits)			
				Latitude: 39.05923			
				Longitude: 95.67092			
				Elevation: PIN: 882.21 TOC: 882.02			
				Datum: above mean sea level			
				Data Collection Method: legal survey			
2 WATER WELL OWNER: Topeka Metro Transit Authority		RR#, St. Address, Box # : 201 N. Kansas		City, State, ZIP Code : Topeka, KS 66603			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 34.5 ft.					
		MW3					
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.					
		WELL'S STATIC WATER LEVEL 27.80 ft. below land surface measured on mo/day/yr 3/31/09					
		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 <input checked="" type="checkbox"/> ; If yes, mo/day/yr					
		Sample was submitted _____ Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>					
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 _____	
<input checked="" type="checkbox"/> PVC		4 ABS		7 Fiberglass		Threaded _____ <input checked="" type="checkbox"/>	
Blank casing diameter 2 in. to 19.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height below land surface 0.19 ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:		1 Steel 3 Stainless steel 5 Fiberglass <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 19.5 ft. to 34.5 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From 18 ft. to 36 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
6 GROUT MATERIAL:		1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Concrete: 0-2 ft		Grout Intervals From 2 ft. to 18 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 <input checked="" type="checkbox"/> 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? Southwest		How many feet? 95 feet					
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHOLOGIC LOG	
0	1	Asphalt		25	27	Gray clay with very fine grained sand, high plasticity, moist	
1	3	Gray-tan, medium grained sand, well sorted					
3	5	Silty clay, dark brown, moderate plasticity, moist		27	36	Gray coarse grained sand, wet, poorly sorted, no recovery	
5	10	Mottled clay with silt, shades of brown, olive, and gray, some sand, moderate plasticity, moist					
10	18	Interlayered light brown silt with clay and tan fine to medium grained sand, moist					
18	25	Tan, medium to coarse grained and, not well sorted, moist					
						Flushmount waiver from BOW	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 3/31/09 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) 5/29/09 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 785-296-3522. 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.							