

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No. _____

1 LOCATION OF WATER WELL: County: Shawnee	Fraction NE ¼ SE ¼ SE ¼	Section Number 30	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? 201 N. Kansas, Topeka		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>39.05923</u> Longitude: <u>95.67092</u> Elevation: <u>PIN: 883.41 TOC: 883.05</u> Datum: <u>above mean sea level</u> Data Collection Method: <u>legal survey</u>		
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 <u>34</u> ft.
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>28.62</u> ft. below land surface measured on mo/day/yr <u>3/31/09</u> 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

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) _____
2 PVC	4 ABS	7 Fiberglass	Welded _____
Blank casing diameter <u>2</u> in. to <u>19</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			Threaded X
Casing height below land surface <u>0.36</u> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	7 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)
SCREEN OR PERFORATION OPENINGS ARE:			
1 Continuous slot	3 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)
SCREEN-PERFORATED INTERVALS:			
From <u>19</u> ft. to <u>34</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:			
From <u>18</u> ft. to <u>38</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

6. GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite
Grout Intervals From <u>2</u> ft. to <u>18</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	4 Other Concrete: 0-2 ft
What is the nearest source of possible contamination:			
1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
			13 Insecticide Storage
			14 Abandoned water well
			15 Oil well/ gas well
			16 Other (specify below) _____
Direction from well? West-northwest		How many feet? 80 feet	

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	Asphalt			
1	14	Light brown silt and very fine grained sand, moist			
14	16	Light brown silt and very fine grained sand, very moist			
16	20	Tan medium grained sand, some clay, not well sorted, moist			
20	26	Tan medium to coarse grained sand, poorly sorted			
26	38	Gray coarse grained sand, poorly sorted, wet			
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) 3/31/09 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 785-296-5522. 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>.