

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Shawnee	Fraction NE ¼ SW ¼ SW ¼	Section Number 32	Township Number T 11 S	Range Number R 16E
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Distance and direction from nearest town or city street address of well if located within city? **605 East 8th St, Topeka, KS**

2 WATER WELL OWNER: Neon Tube Light Co. Inc RR#, St. Address, Box # : 534 S Kansas Ave Suite 1515 City, State, ZIP Code : Topeka, KS, 66603	Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>N 39.04025°</u> Longitude: <u>W 95.66711°</u> Elevation: <u>RIM: 893.59; TOC: 893.25</u> Datum: <u>above mean sea level</u> Data Collection Method: <u>legal survey</u>
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>15</u> ft.
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N

NW		NE
SW		SE

S

MW2R

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL 8.11 ft. below land surface measured on mo/day/yr 5/26/09

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**

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>5</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	Casing height below land surface <u>0.34</u> ft., Weight _____ lbs./ft.	Wall thickness or gauge No. _____	Threaded X
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)
SCREEN OR PERFORATION OPENINGS ARE:		9 ABS	11 Other (specify) _____
1 Continuous slot	3 Mill slot	5 Gauze wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut
SCREEN-PERFORATED INTERVALS:		9 Drilled holes	11 None (open hole)
From <u>5</u> ft. to <u>15</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:		From <u>3</u> ft. to <u>15</u> ft.	From _____ ft. to _____ ft.
From _____ ft. to _____ 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 Concrete: 0-2ft
Grout Intervals From <u>2</u> ft. to <u>3</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ 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
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
16 Other (specify below) _____	Direction from well? SE How many feet? ~93			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Silt, brown, with sand and fine gravel, dry, no odor			
1	4	Silty clay, black, with coarse sand, moist, slight petroleum or organic odor			
4	7	Silty clay, black, moderate plasticity, moist, slight petroleum or organic odor			
7	8	Silty clay, black, moderate plasticity, moist, some odor			
8	15	Silty clay, red brown, with fine to medium grained sand, wet, no odor			

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) 5/26/09 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) 6/22/09 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, 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>.