

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No.

1 LOCATION OF WATER WELL: County: Wvandotte	Fraction SW 1/4 NW 1/4 SE 1/4	Section Number 26	Township Number T 11 S R 23 E	Range Number 23	
Distance and direction from nearest town or city street address of well if located within city? 110 S 4th St, Edwardsville, KS 66111		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>NA</u> Longitude: <u>NA</u> Elevation: <u>TOC: 787.08; RIM: 787.32</u> Datum: <u>above mean sea level</u> Data Collection Method: <u>legal survey</u>			
2 WATER WELL OWNER: KDHE (New Wave #10) RR#. St. Address, Box # : 1000 SW Jackson City, State, ZIP Code : Topeka, KS 66612					

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 42 ft.
	Depth(s) Groundwater Encountered l _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 39.41 ft. below land surface measured on mo/day/yr 12/22/09 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) Welded _____ 2 PVC 4 ABS 7 Fiberglass Threaded X
Blank casing diameter _____ 2 in. to _____ 22 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	Casing height below land surface 0.24 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 _____ 22 ft. to _____ 42 ft. From _____ ft. to _____ ft.	GRAVEL PACK INTERVALS: From _____ 20 ft. to _____ 42 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 _____ 18 ft. From _____ 18 ft. to _____ 20 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? SE	How many feet? ~100 ft

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	Brown to dark brown topsoil	40	41	Gray to light brown silty fine to medium sand
1	5	Dark brown silty clay, abundant clay, with fill			
5	10	Dark brown to brown silty clay, abundant clay with increasing silt			
10	15	Light brown silt with trace clay			
15	20	Light brown silt with trace clay and fine sand			
20	25	Light brown silt with fine sand and iron staining			
25	30	Light brown silt with fine sand			
30	35	Light brown silt with fine to medium sand			Flushmount waiver from BOW
35	40	Light brown silt with fine to medium sand with grav at end			

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) **12/22/09** 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) **1/13/10**
 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>.

White