

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

East Vent Well

1 LOCATION OF WATER WELL: County: Shawnee	Fraction SE ¼ NE ¼ SE ¼ SW ¼	Section Number 3	Township No. T 12 S	Range Number R 14 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> Located approx. 1000'N & 2700'W of the intersection of 21st & Hodges.		Global Positioning System (GPS) information: Latitude: 39.0314 (in decimal degrees) Longitude: 95.8397 (in decimal degrees) Elevation: 1020 Datum: <input checked="" type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model:) <input checked="" type="checkbox"/> Digital Map/Photo, <input checked="" type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input checked="" type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: Shawnee County Refuse Department RR#, Street Address, Box #: 1515 NW Saline, Suite 150 City, State, ZIP Code : Topeka, KS 66618-2844				

<p>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</p> <p style="text-align: center;">N</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">W</td> <td style="width: 40px; height: 40px; border: 1px solid black; text-align: center;">NW</td> <td style="width: 40px; height: 40px; border: 1px solid black; text-align: center;">NE</td> <td style="width: 20px; text-align: center;">E</td> </tr> <tr> <td></td> <td style="border: 1px solid black; text-align: center;">SW</td> <td style="border: 1px solid black; text-align: center;">SE</td> <td></td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">S</td> <td></td> </tr> </table> <p style="text-align: center;"> -----1 mile----- </p>	W	NW	NE	E		SW	SE			S			<p>4 DEPTH OF COMPLETED WELL 20 ft.</p> <p>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.</p> <p>WELL'S STATIC WATER LEVEL Drv.....ft. below land surface measured on mo/day/yr. 1/15/10.....</p> <p>Pump test data: Well water was.....ft. after..... hours pumping..... gpm</p> <p>EST. YIELD.....gpm. Well water was.....ft. after..... hours pumping..... gpm</p> <p>Bore Hole Diameter 9.....in. to 20.....ft., and.....in. to.....ft.</p> <p>WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input checked="" type="checkbox"/> Monitoring well <input type="checkbox"/> Landfill Gas</p> <p>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, mo/day/yr sample was submitted.....</p> <p>Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
W	NW	NE	E										
	SW	SE											
	S												

5 TYPE OF CASING USED: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter 2..... in. to 20..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.

Casing height above land surface 36..... in., Weight.....lbs./ft., Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

Steel Stainless Steel PVC Other (Specify)

Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)

Louvered shutter Key punched Wire wrapped Saw cut Other (specify)

SCREEN-PERFORATED INTERVALS: From 5..... ft. to 20..... ft., From..... ft. to..... ft.

From..... ft. to..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From 1.5..... ft. to 12.5..... ft., From..... ft. to..... ft.

From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From 0..... ft. to 1..... ft., From 1..... ft. to 2.5..... ft., From..... ft. to..... ft.

What is the nearest source of possible contamination:

Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)

Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well

Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well Landfill

Direction from well All directions..... Distance from well 0 feet (constructed in landfill).....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	Silty Clay, brown			
1	3	Clay, gray			
3	15	Landfill material			
15	20	Clay, yellow brown			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) ~~4/20/10~~ 1-15-10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416..... This Water Well Record was completed on (mo/day/year)..... under the business name of Terracon..... by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.