

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <b>Shawnee</b>			Fraction <b>SE ¼ SE ¼ NE ¼</b>			Section Number <b>4</b>		Township Number <b>T 12 S</b>		Range Number <b>R 15 E</b>																																																																																					
Distance and direction from nearest town or city street address of well if located within city? <b>1617 Fairlawn Topeka KS</b>						<b>Global Positioning System</b> (decimal degrees, min. of 4 digits) Latitude: <b>N 39.00282°</b> Longitude: <b>W 95.74389°</b> Elevation: <b>RIM: 1023.57; TOC: 1023.24</b> Datum: <b>NAVD29</b> Data Collection Method: <b>legal survey</b>																																																																																									
<b>2 WATER WELL OWNER: A&amp;J Conoco</b> RR#, St. Address, Box # : <b>711 SW Cambridge Ave.</b> City, State, ZIP Code : <b>Topeka KS 66606</b>																																																																																															
<b>3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:</b>			<b>4 DEPTH OF COMPLETED WELL 24.92 ft.</b>																																																																																												
			<b>MW8</b>																																																																																												
			Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.																																																																																												
			WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr																																																																																												
			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"/> X						If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/> X																																																																																									
<b>5 TYPE OF CASING USED:</b>																																																																																															
1 Steel			3 RMP (SR)			6 Asbestos-Cement			9 Other (specify below)																																																																																						
<input checked="" type="radio"/> 2 PVC			4 ABS			7 Fiberglass			CASING JOINTS: Glued _____ Clamped _____																																																																																						
									Welded _____ Threaded <input checked="" type="checkbox"/> X																																																																																						
Blank casing diameter _____ in. to _____ ft., Dia			_____ in. to _____ ft., Dia			_____ in. to _____ ft.																																																																																									
Casing height below land surface _____ ft., Weight _____ lbs./ft.			_____ lbs./ft.			Wall thickness or gauge No. _____																																																																																									
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>																																																																																															
1 Steel			3 Stainless steel			5 Fiberglass <input checked="" type="radio"/> 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)																																																																																
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>																																																																																															
1 Continuous slot			<input checked="" type="radio"/> 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) _____																																																																																			
<b>SCREEN-PERFORATED INTERVALS:</b>																																																																																															
From _____ ft. to _____ ft.			From _____ ft. to _____ ft.			From _____ ft. to _____ ft.			From _____ ft. to _____ ft.			From _____ ft. to _____ ft.																																																																																			
<b>GRAVEL PACK INTERVALS:</b>																																																																																															
From _____ ft. to _____ ft.			From _____ ft. to _____ ft.			From _____ ft. to _____ ft.			From _____ ft. to _____ ft.			From _____ ft. to _____ ft.																																																																																			
<b>6 GROUT MATERIAL:</b>																																																																																															
1 Neat cement			2 Cement grout			<input checked="" type="radio"/> 3 Bentonite			<input checked="" type="radio"/> 4 Other Concrete: 0-1'																																																																																						
Grout Intervals From _____ ft. to _____ 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			16 Other (specify below)																																																																																
2 Sewer lines			5 Cess pool			8 Sewage lagoon			<input checked="" type="radio"/> 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? <b>E</b>						How many feet? <b>~15'</b>																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0.5</td> <td><b>Asphalt</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.5</td> <td>2</td> <td><b>Black silty clay</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>3</td> <td><b>Green silty clay</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>10</td> <td><b>Stiff brown silty clay</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td>20</td> <td><b>Tan shale</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>25.30</td> <td><b>Gray shale</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>												FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	0.5	<b>Asphalt</b>				0.5	2	<b>Black silty clay</b>				2	3	<b>Green silty clay</b>				3	10	<b>Stiff brown silty clay</b>				10	20	<b>Tan shale</b>				20	25.30	<b>Gray shale</b>																																													
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="radio"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>4/4/14</b> and this record is true to the best of my knowledge and belief.																																																																																															
Kansas Water Well Contractor's License No. <b>757</b> . This Water Well Record was completed on (mo/day/year) <b>4/23/14</b> under the business name of <b>Larsen &amp; Associates, Inc.</b> by (signature) _____																																																																																															
<b>INSTRUCTIONS:</b> 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.																																																																																															