

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No.

1 LOCATION OF WATER WELL: County: Geary		Fraction NW ¼ NE ¼ NE ¼		Section Number 11	Township Number T 12 S R 5	Range Number E																																																
Distance and direction from nearest town or city street address of well if located within city? 539 W 6th St, Junction City				Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N 39.02839° Longitude: W 96.83983° Elevation: 1111.01 pin / 1110.58 toc Datum: Above mean sea level Data Collection Method: legal survey																																																		
2 WATER WELL OWNER: Leiszler Oil Co. RR#, St. Address, Box # : 635 W Crawford City, State, ZIP Code : Clay Center, KS 67432																																																						
3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr><td colspan="2" style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr> <tr><td colspan="2" style="text-align: center;">S</td></tr> </table> </div>	N		NW	NE	SW	SE	S		4 DEPTH OF COMPLETED WELL <u>50</u> ft. MW17																																													
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Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>42.25</u> ft. below land surface measured on mo/day/yr <u>9/21/07</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/yrs Sample was submitted _____ Water Well Disinfected? Yes _____ No X																																																						
5 TYPE OF CASING USED:																																																						
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below)																																																
2 PVC		4 ABS		7 Fiberglass																																																		
Blank casing diameter <u>2</u> in. to <u>35</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded X																																																				
Casing height below land surface <u>0.43</u> ft., Weight _____ lbs./ft. Wall thickness or gage 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) _____		12 None used (open hole)																																																		
SCREEN OR PERFORATION OPENINGS ARE:																																																						
1 Continuous slot		3 Mill slot		5 Guaze 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>35</u> ft. to <u>50</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																						
GRAVEL PACK INTERVALS: From <u>34</u> ft. to <u>51</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 4 Other cement, 0-2'																																																						
Grout Intervals From <u>2</u> ft. to <u>34</u> 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																																																
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																																																
						16 Other (specify below)																																																
Direction from well? Southeast How many feet? -300																																																						
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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) <u>9/17/07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>10/4/07</u> under the business name of <u>Larsen & Associates, Inc.</u> 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.																																																						