

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>DECKENSVIN</u> Distance and direction from nearest town or city street address of well if located within city? <u>1.5 MILES WEST OF ABILENE ON OLD HIGHWAY 40</u>	Fraction <u>SE NE NW SW</u> <u>SR 1/4 SW 1/4 NE 1/4</u>	Section Number <u>24 19</u>	Township Number T <u>13</u> S	Range Number R <u>2</u> <u>EW</u>
<b>2 WATER WELL OWNER: LONNIE LARBE</b> RR#, St. Address, Box # : <u>719 HIGHWAY 40</u> City, State, ZIP Code : <u>ABILENE, KS 67410</u>		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: <u>38 54.391</u> Longitude: <u>97 15.421</u> Elevation: <u>1070</u> Datum: _____ Data Collection Method: _____		

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N <table border="1" style="width: 100%; height: 100px; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>--NW--</td><td> </td><td>--NE--</td></tr> <tr><td> </td><td>X</td><td> </td></tr> <tr><td>--SW--</td><td> </td><td>--SE--</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> S				--NW--		--NE--		X		--SW--		--SE--				<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>49</u> ..... ft.  Depth(s) Groundwater Encountered (1)..... <u>38</u> ..... ft. (2)..... _____ ft. (3)..... _____ ft. WELL'S STATIC WATER LEVEL..... <u>23</u> ..... ft. below land surface measured on mo/day/yr. <u>1/24/07</u> Pump test data: Well water was..... _____ ft. after..... _____ hours pumping..... _____ gpm Est. Yield..... <u>140</u> ..... 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 Feedlot    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 <u>X</u> _____; If yes, mo/day/yr Sample was submitted..... _____ Water well disinfected? Yes <u>X</u> _____ No _____
--NW--		--NE--														
	X															
--SW--		--SE--														

<b>5 TYPE OF CASING USED:</b> 1 Steel    3 RMP (SR) <u>2 PVC</u> 4 ABS Blank casing diameter <u>5</u> in. to <u>29</u> ft., Diameter. _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>24</u> in., Weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR 21</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel    3 Stainless Steel    5 Fiberglass <u>PVC</u> 9 ABS    11 Other (Specify) _____ 2 Brass    4 Galvanized Steel    6 Concrete tile    8 RM (SR)    10 Asbestos-Cement    12 None used (open hole)	5 Wrought Iron    8 Concrete tile    CASING JOINTS: Glued <u>X</u> _____ Clamped _____ 6 Asbestos-Cement    9 Other (specify below)    Welded _____ 7 Fiberglass    _____    Threaded _____ SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <u>3 Mill slot</u> 5 Gauzed 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 <u>29</u> ft. to <u>49</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>25</u> ft. to <u>49</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.
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<b>6 GROUT MATERIAL:</b> 1 Neat cement    2 Cement grout <u>Bentonite</u> 4 Other _____ Grout Intervals: From <u>3</u> ft. to <u>25</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    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 <u>BUELOMB</u> Direction from well? <u>EAST</u> How many feet? <u>40</u>
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	SAND FINE			
4	38	CLAY, BROWN TO GRAY			
38	46	SAND, COARSE, WELL SORTED			
46	48	GRAVEL			
48	49	LIME STONE			

**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) 1/24/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 760..... This Water Well Record was completed on (mo/day/year) 1/31/07 under the business name of ASSOCIATED DRILLING INC. by (signature) [Signature]

**INSTRUCTIONS:** Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline 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.kdhe.state.ks.us/geo/waterwells>.