# WATER WELL RECORD Form WWC-5

Division of Water Resources; App. No.

**1 LOCATION OF WATER WELL:** County: Douglas | Fraction: SW¼ SW¼ SW¼ | Section Number: 5 | Township Number: T 13 S | Range Number: R 20 E/W

Distance and direction from nearest town or city street address of well if located within city? 1020 E 23rd. St. Lawrence

**Global Positioning Systems** (decimal degrees, min. of 4 digits)
Latitude: N 38° 56' 36.5"
Longitude: 095° 13' 20.9"
Elevation: 887.16 PIN, 886.89 TOC
Datum:
Data Collection Method: Legal Survey

**2 WATER WELL OWNER:** Axiom LLC
RR#, St. Address, Box # : PO Box
City, State, ZIP Code :

**3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:**

N / W / E / S; NW, NE, SW, SE; X in SW

**4 DEPTH OF COMPLETED WELL** 23 ft. MW11

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL 20.38 ft. below land surface measured on mo/day/yr 4/10/06
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 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 X; If yes, mo/day/yrs 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 ..... ft., Diameter. ..... in. to ..... ft., Diameter ..... in. to .....ft.
Casing height above land surface 0 in., Weight.....lbs./ft. Wall thickness or guage 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 Steal 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 Guazed 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 13 ft. to 23 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 11 ft. to 23 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 Concrete 0-2
Grout Intervals: From 2 ft. to 11 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 .....
Direction from well? ..... How many feet? .....

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|---|---|---|---|---|---|
| 0 | 1 | clay w/ silt, V. soft V. moist, dk brown/tan, no odor, some gravel | | | |
| 3 | 5 | clay w/ silt, moist, soft, blk/dk brown, some greenish/gray stain no odor | | | |
| 8 | 10 | clay w/ silt, reddish brown, mottled w/ gray/tan, slt. stiff, moist, no odor | | | |
| 13 | 15 | sand w/ clay, reddish tan, soft, moist, no odor, rust nodules | | | |
| | 20 | Sand, well sorted, med-fine grained brown, wet | | | |
| | 23 | no odor Bedrock Refusal | | | Flushmount w/ cover by D Taylor |

**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) 3/30/06 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) 4/3/06 under the business name of Larsen & Associates Inc. by (signature) Kelli Munn

**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.