

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Johnson	Fraction SE ¼ NE ¼ SE ¼	Section Number 14	Township Number T 15 S R 23 E	Range Number 23	
Distance and direction from nearest town or city street address of well if located within city? 113 S. Main St., Spring Hill, KS		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: 38.74308° Longitude: 94.81788° Elevation: RIM: 994.27; TOC: 994.03 Datum: NAVD 29 Data Collection Method: legal survey			
2 WATER WELL OWNER: Spring Hill Oil Co. Inc. RR#, St. Address, Box # : PO Box 479 City, State, ZIP Code : Spring Hill, KS 66083					

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 14.51 ft.
<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto; position: relative;"> <div style="position: absolute; top: -15px; left: 50%; transform: translate(-50%, -50%);">N</div> <div style="position: absolute; bottom: -15px; left: 50%; transform: translate(-50%, -50%);">S</div> <div style="position: absolute; left: -15px; top: 50%; transform: translateY(-50%);">W</div> <div style="position: absolute; right: -15px; top: 50%; transform: translateY(-50%);">E</div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 20px;">X</div> </div>	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 8.24 ft. below land surface measured on mo/day/yr 4/2/15 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:	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 2.51 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			
Casing height below land surface 0.24 ft., Weight _____ lbs./ft. Wall thickness or gauge 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) _____			
10 Asbestos-Cement 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:			
1 Continuous slot	3 Mill slot	5 Gauze wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut
9 Drilled holes 11 None (open hole)			
10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS:			
From 2.51 ft.	to 14.51 ft.	From _____ ft.	to _____ ft.
From _____ ft.	to _____ ft.	From _____ ft.	to _____ ft.
GRAVEL PACK INTERVALS:			
From 2 ft.	to 14.82 ft.	From _____ ft.	to _____ ft.
From _____ ft.	to _____ ft.	From _____ ft.	to _____ ft.

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite
Grout Intervals From 1 ft. to 2 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
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	14 Abandoned water well
		15 Oil well/ gas well	16 Other (specify below) _____
Direction from well? NE		How many feet? ~160'	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Organic silty clay loam grading to Rusty brown silty clay			
5	8	Limestone			
8	10	Tan to brown shale			
10	14.82	Gray shale			

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) **3/12/15** 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) **4/20/15** under the business name of **Larsen & Associates, Inc.** 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>.