

WATER WELL RECORD

Form WWC-5

Division of Water
Resources App. No.

Well ID

MW5

☒ Original Record ☐ Correction ☐ Change in Well Use

1 LOCATION OF WATER WELL: County <u>Osage</u>		Fraction SE ¼ SE ¼ SE ¼ SW ¼	Section Number 31	Township Number T 16 S	Range Number R 16 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
2 WELL OWNER: Last Name: <u>Burns</u> First: <u>Richard</u> Business: Address: <u>PO Box 278</u> Address: City: <u>Lyndon</u> State: <u>KS</u> ZIP: <u>66451</u>		Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> <u>614 S Topeka Ave., Lyndon KS</u>			
3 LOCATE WELL WITH "X" IN SECTION BOX: N NW NE W E SW SE S x 1 mile	4 DEPTH OF COMPLETED WELL: 12 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 9.32 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>6/22/17</u> <input type="checkbox"/> above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was _____ ft after _____ hours pumping _____ gpm Water well was _____ ft after _____ hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: 7.25 in to _____ ft, and _____ in to _____ ft		5 Latitude: 38.60906 (decimal degrees) Longitude: 95.68509 (decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper		
	6 Elevation: 1037.29 ft <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC Source <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____				

7 WELL WATER TO BE USED AS: 1 Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2 <input type="checkbox"/> Irrigation 3 <input type="checkbox"/> Feedlot 4 <input type="checkbox"/> Industrial		5 <input type="checkbox"/> Public Water Supply: well ID _____ 6 <input type="checkbox"/> Dewatering: how many wells? _____ 7 <input type="checkbox"/> Aquifer Recharge: well ID _____ 8 <input checked="" type="checkbox"/> Monitoring: well ID MW5 9 Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extractor <input type="checkbox"/> Recovery <input type="checkbox"/> Injection		10 <input type="checkbox"/> Oil Field Water Supply: lease _____ 11 Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12 Geothermal: How many bores? _____ a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water <input type="checkbox"/> Other (specify): _____	
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Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted: _____
 Water well disinfected? ☐ Yes ☒ No

8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter 2 in. to 4 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft, Casing height above land surface -0.38 in. Weight _____ lbs./ft. Well thickness or gauge No _____	
TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)	
SCREEN-PERFORATED INTERVALS: From 4 ft. to 12 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft, GRAVEL PACK INTERVALS: From 2 ft. to 12 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,	

9 **GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☒ Other Concrete: 0-0.5'
Grout intervals: From 0.5 ft. to 2 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,

Nearest source of possible contamination:
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☒ Fuel Storage ☐ Abandoned Water Well
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well / Gas Well
☐ Other (Specify) _____
 Direction from well? SE Distance from well? ~235 ft

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	0.4	Chert and limestone gravel			
0.4	11	Silty clay			
11	12	Crystalline limestone			

Notes: KDHE ID: Romine Texaco: U4-070-14856
 Target of monitoring well is shallow groundwater, <20' of grout was installed at the direction of KDHE.

11 **CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) 5/31/17 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) 8/22/17 under the business name of Larsen & Associates, Inc. Signature _____

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, WWS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

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