

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources: App. No.  

**1 LOCATION OF WATER WELL:** Fraction    Section Number 15 Township Number T 19 S R 11 E  
 County Lyon NW SE

Distance and direction from nearest town or city street address of well if located within city? 13 E South Ave. Emporia, KS  
 Global Positioning System (decimal degrees, min. of 4 digits)  
 Latitude: N 38.39790°  
 Longitude: W 96.17993°

**2 WATER WELL OWNER:** Richard Cipra  
 RR#. St. Address. Box # : 23 Locust Lane  
 City, State, ZIP Code : Emporia, KS, 66801  
 Elevation: RIM: 1133.58; TOC: 1133.35  
 Datum: above mean sea level  
 Data Collection Method: legal survey

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

N	
NW	NE
X	
SW	SE
S	

**4 DEPTH OF COMPLETED WELL** 34.5 ft.  
 MW10  
 Depth(s) Groundwater Encountered \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL 24.26 ft. below land surface measured on mo/day/yr 11/18/09  
 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/yr \_\_\_\_\_  
 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 19.5 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height below land surface 0.23 ft., Weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge 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 steel 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 Gauze 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 19.5 ft. to 34.5 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From 17.5 ft. to 34.5 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 ft.**  
 Grout Intervals From 2 ft. to 17.5 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? NW How many feet? 204 ft.

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.5	1	Grass, topsoil; brown, silty clay with fine to coarse sand, low plasticity			
1	9	Light brown mottled gray, silty clay with trace fine gravel, low plasticity			
9	14	Light brown mottled gray, silty clay with trace fine gravel, iron nodules, low plasticity			
14	30	Light brown mottled gray, silty clay with trace fine gravel, low plasticity			
30	35	Yellow brown silt with coarse angular silt, mostly limestone fragments			Flushmount waiver from BOW

**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) 11/16/09 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) 12/10/09 under the business name of Larsen & Associates, Inc. by (signature) [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>.