

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No.

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number
County: Sedgwick		SE ¼ SE ¼ SE ¼		11	T 26 S	R 1 E
Distance and direction from nearest town or city street address of well if located within city? 4604 E. 61st Street Kechi, KS 67067				Global Positioning System (decimal degrees, min. of 4 digits)		
2 WATER WELL OWNER: KDHE - BER RR#, St. Address, Box # : 1000 SW Jackson City, State, ZIP Code : Topeka, KS 66612				Latitude: N 37.79602°		
				Longitude: W 97.28284°		
				Elevation: RIM: 1392.13, TOC: 1391.60		
				Datum: above mean sea level		
Data Collection Method: legal survey						

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 23 ft.				
<div style="display: flex; justify-content: space-around;"> N E </div> <table border="1" style="margin: auto; text-align: center;"> <tr> <td>NW</td> <td>NE</td> </tr> <tr> <td>SW</td> <td>SE</td> </tr> </table> <div style="display: flex; justify-content: space-around;"> W E </div> <div style="text-align: center;"> S X </div>	NW	NE	SW	SE	MW10 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 14.94 ft. below land surface measured on mo/day/yr 3/6/08 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
NW	NE				
SW	SE				

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) _____	
2 PVC		4 ABS		7 Fiberglass		Welded _____	
						Threaded X	
Blank casing diameter 2 in. to 13 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Casing height below land surface 0.53 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) _____	
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)	
SCREEN-PERFORATED INTERVALS:							
From 13 ft. to 23 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:							
From 12 ft. to 23 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
From _____ ft. to _____ 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 12 ft.		From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:			
1 Septic tank		4 Lateral lines	
2 Sewer lines		5 Cess pool	
3 Watertight sewer lines		6 Seepage pit	
7 Pit privy		8 Sewage lagoon	
9 Feedyard		10 Livestock pens	
11 Fuel storage		12 Fertilizer storage	
13 Insecticide Storage		14 Abandoned water well	
15 Oil well/ gas well		16 Other (specify below)	
Direction from well? WNW		How many feet? ~135	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Topsoil			
3	5	Silty-clay, red-brown, moist, no petroleum odor			
8	10	Silty-clay, red-brown, moist, no petroleum odor			
14	16	Silty-clay, with medium to coarse grained sand, brown, wet, no petroleum odor			
20		Shale, highly weathered, olive			Flushmount waiver from BOW
23		Total depth			

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) 3/5/08 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) 3/19/08 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>