

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Greenwood		NW ¼ NW ¼ SE ¼	3	T 26 S	R 10 E
Distance and direction from nearest town or city street address of well if located within city? 221 W. River, Eureka KS			Global Positioning System (decimal degrees, min. of 4 digits)		
			Latitude: <u>N 37.81752°</u>		
			Longitude: <u>W 96.29627°</u>		
			Elevation: <u>RIM: 1058.11; TOC: 1057.75</u>		
			Datum: <u>WGS84</u>		
2 WATER WELL OWNER: Johnson's General Stores, Inc.			Data Collection Method: <u>legal survey</u>		
RR#, St. Address, Box # : PO Box 9250					
City, State, ZIP Code : Wichita KS 67277					

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px; text-align: center;">NW</td> <td style="width: 25px; height: 25px; text-align: center;">NE</td> </tr> <tr> <td style="width: 25px; height: 25px; text-align: center;">SW</td> <td style="width: 25px; height: 25px; text-align: center;">SE</td> </tr> </table> S </div> <div style="text-align: center; margin-top: 5px;"> W X E </div>	NW	NE	SW	SE	4 DEPTH OF COMPLETED WELL <u>9</u> ft. <div style="text-align: right; margin-right: 50px;">MW8</div> Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>Dry</u> ft. below land surface measured on mo/day/yr <u>10/11/11</u> 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) <u>10</u> Monitoring well _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr _____ Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>
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)			Welded		
② PVC	4 ABS	7 Fiberglass				Threaded	X	
Blank casing diameter		2 in. to	3 ft., Dia	in. to		ft., Dia	in. to	ft.
Casing height below land surface		0.36 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	3	ft. to	9	ft. From		ft. to		ft.
	From		ft. to		ft. From		ft. to		ft.
GRAVEL PACK INTERVALS:									
	From	2	ft. to	9	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: 0-1 ft**
 Grout Intervals From 1 ft. to 2 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
 2 Sewer lines 5 Cess pool 8 Sewage lagoon **(11) Fuel storage** 14 Abandoned water well below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well
 Direction from well? **E** How many feet? **~120 ft**

[illegible]

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) 8/24/11 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) 11/1/11 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>.