

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? 212 S Walnut, Eureka KS			Global Positioning System (decimal degrees, min. of 4 digits)											
2 WATER WELL OWNER: Johnson's General Stores, Inc. RR#, St. Address, Box # : PO Box 9250 City, State, ZIP Code : Wichita KS 67277			Latitude: N 37.81723°											
			Longitude: W 96.29614°											
			Elevation: RIM: 1054.79; TOC: 1054.46											
			Datum: WGS84											
Data Collection Method: legal survey														
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 9 ft.												
N <table border="1" style="margin-left:auto; margin-right:auto;"><tr><td> </td><td> </td><td> </td></tr><tr><td>NW</td><td>X</td><td>NE</td></tr><tr><td>SW</td><td>SE</td><td> </td></tr></table> S					NW	X	NE	SW	SE		MW11 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL Dry _____ ft. below land surface measured on mo/day/yr 10/11/11 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			
NW	X	NE												
SW	SE													
5 TYPE OF CASING USED:														
1 Steel 3 RMP (SR) 6 Asbestos-Cement 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ ② PVC 4 ABS 7 Fiberglass Welded _____ Blank casing diameter 2 _____ in. to 3 _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height below land surface 0.33 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 9.5 _____ 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: 0-1 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? NE How many feet? ~140 ft														
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS														
0	5	Grass on top; Hard black clay												
5	9	Chert gravel												
9	9.5	Gray shale												
9.5		Limestone gravel												
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) 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 our records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.														