

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No. _____

1 LOCATION OF WATER WELL:		Fraction <u>NW ¼ SW ¼ NW ¼</u>		Section Number <u>31</u>	Township Number <u>T 26 S</u>	Range Number <u>R 2 E</u>
County: <u>Sedgwick</u>						
Distance and direction from nearest town or city street address of well if located within city: ~170 ft east of southeast corner of intersection of 34 th Street & N. Woodlawn in Wichita				Global Positioning System (decimal degrees, min. of 4 digits)		
				Latitude: <u>N 37.74733°</u>		
				Longitude: <u>W 97.26170°</u>		
2 WATER WELL OWNER: <u>J&J Developments</u>				Elevation: <u>RIM 1361.50, TOC 1361.11</u>		
RR#, St. Address, Box # : <u>3512 SW Fairlawn, Suite 400</u>				Datum: <u>above mean sea level</u>		
City, State, ZIP Code : <u>Topeka, KS 66614-3981</u>				Data Collection Method: <u>legal survey</u>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>18</u> ft.				
<div style="text-align: center;"> </div>		MW3				
		Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft.				
		WELL'S STATIC WATER LEVEL <u>12.92</u> ft. below land surface measured on mo/day/yr <u>3/5/08</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>				
5 TYPE OF CASING USED:						
1 Steel		3 RMP (SR)		5 Wrought Iron		8 Concrete tile
<u>2</u> PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)
				7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____
Blank casing diameter <u>2</u> in. to <u>3</u> ft., Dia						Welded _____
Casing height below land surface <u>0.39</u> ft., Weight _____ lbs./ft.						Threaded <u>X</u>
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel		3 Stainless steel		5 Fiberglass		<u>7</u> 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		<u>3</u> Mill slot		5 Guaze wrapped		7 Torch cut
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut
						10 Other (specify) _____
						11 None (open hole)
SCREEN-PERFORATED INTERVALS: From <u>3</u> ft. to <u>18</u> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>2.5</u> ft. to <u>18</u> ft. From _____ ft. to _____ ft.						
FROM _____ ft. to _____ ft. FROM _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite <u>4</u> Other <u>concrete, 0-2 ft</u>						
Grout Intervals From <u>2</u> ft. to <u>2.5</u> 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
2 Sewer lines		5 Cess pool		8 Sewage lagoon		<u>11</u> Fuel storage
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage
						13 Insecticide Storage
						14 Abandoned water well
						15 Oil well/ gas well
						16 Other (specify below)
Direction from well? <u>North</u>				How many feet? <u>~110 ft</u>		
FROM		TO		LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS
0		1'		Topsoil, dark brown-black, moist, no petroleum odor		
2'		4'		Silty clay, brown, moist, stiff, no petroleum odor		
8'		10'		Silty clay, mottled gray-green, brown, moist, stiff, no petroleum odor		
12'				Silty clay, gray, very silty, no petroleum odor, moist		
15'				Highly weathered shale, gray, dark gray at around 16 ft, some silty clay		
						Flushmount waiver from BOW
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>1</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3/4/08</u> and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No. <u>757</u> This Water Well Record was completed on (mo/day/year) <u>3/19/08</u>						
under the business name of <u>Larsen & Associates, Inc.</u> 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 .						