

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No. _____

1 LOCATION OF WATER WELL:		Fraction NW SE NE		Section Number 17	Township Number T 27 S	Range Number R 1 E						
County Sedgwick												
Distance and direction from nearest town or city street address of well if located within city? 157 W. 11th St. Wichita, KS				Global Positioning System (decimal degrees, min. of 4 digits)								
				Latitude: N 37.70394°								
				Longitude: W 97.33825°								
				Elevation: 1304.43 pin/ 1304.28 toc								
				Datum: _____								
				Data Collection Method: legal survey								
2 WATER WELL OWNER: KDHE												
RR#, St. Address, Box # : 1000 SW Jackson, Suite 410												
City, State, ZIP Code : Topeka, KS 66612												
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 23 ft.										
<div style="text-align: center;"> <p>N</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px; text-align: center;">X</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">SE</td> </tr> </table> <p>W E</p> <p>S</p> </div>		NW	X	NE	SW		SE	<p>Depth(s) Groundwater Encountered _____ ft. 2 _____ ft. 3 _____ ft.</p> <p>WELL'S STATIC WATER LEVEL 14.1 ft. below land surface measured on mo/day/yr 5/2/07</p> <p>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well</p> <p>1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)</p> <p>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well</p>				
		NW	X	NE								
		SW		SE								
		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 _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.												
Casing height below land surface 0.15 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 Gauge 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 13 ft. to 23 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.												
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other cement, 0-2 ft.												
Grout Intervals From 2 ft. to 12 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? _____ How many feet? _____												
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS							
0	1	Topsoil, dark brown, no petroleum odor										
3	5	Silty sand with clay, brown, moist, no petroleum odor										
8	9	Silty sandy clay, mottled brown, orange										
9	10	Sand, fine to medium, orange-brown, no petroleum odor										
13	15	Sand, brown, orange-brown, medium to coarse, no petroleum, moist-very moist										
					Flushmount waiver by D. Taylor							
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) 5/1/07 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) 5/24/07												
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 785-296-3522. 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 .												