

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	NW SE NE	17	T 27 S R 1 E	

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 37.71389°**Longitude: **W 97.33969°**Elevation: **1304.81 pin/1304.32 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.
	<p>Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.</p> <p>WELL'S STATIC WATER LEVEL 14.3 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> <p>Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr _____</p> <p>Sample was submitted _____ Water Well Disinfected? Yes _____ No X</p>

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 0.49 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)
			10 Asbestos-Cement
			11 Other (specify) _____
SCREEN OR PERFORATION OPENINGS ARE:			
1 Continuous slot	3 Mill slot	5 Gauge wrapped	7 Torch cut
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.	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	Silty sand			
1	2	Clayey silty sand, light brown, moist, no petroleum odor			
3	5	Sandy silty clay, light brown, moist, no petroleum odor			
8	10	Silty sand with trace clay, brown, moist, fine to medium sand at end of spoon, no petroleum odor			
13	15	Sand, medium to coarse, light brown, moist to 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 785-296-5522. 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>.