

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No. _____

1 LOCATION OF WATER WELL: County: <u>Wilson</u>		Fraction <u>SE 1/4 SW 1/4 NW 1/4</u>		Section Number <u>12</u>	Township Number T <u>29</u> S	Range Number R <u>14</u> E
Distance and direction from nearest town or city street address of well if located within city? <u>601 N. 4th St., Fredonia, KS</u>				Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>N 37.53708°</u> Longitude: <u>W 95.83130°</u> Elevation: <u>RIM: 867.99 TOC: 867.56</u> Datum: <u>above mean sea level</u> Data Collection Method: <u>legal survey</u>		
2 WATER WELL OWNER: <u>Charles Chandler</u> RR#, St. Address, Box # : <u>PO Box 564</u> City, State, ZIP Code : <u>Chanute, KS 66720</u>						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 14 ft.				
		MW2				
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL <u>3.41</u> ft. below land surface measured on mo/day/yr <u>11/11/08</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) Monitoring well</u>				
		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:		5 Wrought Iron		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____
1 Steel		3 RMP (SR)		6 Asbestos-Cement		Welded _____
<u>(2) PVC</u>		4 ABS		7 Fiberglass		Threaded _____ <u>X</u>
Blank casing diameter <u>2</u> in. to <u>4</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height below land surface <u>0.43</u> ft., Weight _____ lbs./ft.		Wall thickness or gauge No. _____		
TYPE OF SCREEN OR PERFORATION MATERIAL:		1 Steel		3 Stainless steel		5 Fiberglass
2 Brass		4 Galvanized steel		6 Concrete tile		<u>(7) PVC</u>
3 Screen or perforation openings ARE:		1 Continuous slot		<u>(3) Mill slot</u>		5 Gauze wrapped
2 Louvered shutter		4 Key punched		6 Wire wrapped		7 Torch cut
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		9 Drilled holes
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		11 None (open hole)
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		10 Other (specify) _____
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		
6 GROUT MATERIAL:		1 Neat cement		2 Cement grout		<u>(3) Bentonite</u>
Grout Intervals From <u>1</u> ft. to <u>3</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		<u>(4) Other Concrete: 0-1 ft.</u>
What is the nearest source of possible contamination:		1 Septic tank		4 Lateral lines		7 Pit privy
2 Sewer lines		5 Cess pool		8 Sewage lagoon		<u>(11) Fuel storage</u>
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage
Direction from well? <u>SSW</u>		How many feet? <u>~100</u>		10 Livestock pens		13 Insecticide Storage
				14 Abandoned water well		16 Other (specify below)
				15 Oil well/ gas well		
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS
0	1	Grass, topsoil, Clay, dark brown, with weathered rubble, moist, no odor				
3	4	Clay, dark brown, little silt, moderate to high plasticity, moist, no odor				
6	7	Clay, gray brown, little silt, moderate to high plasticity, moist, slight petrol odor				
	14	Auger refusal at ~14 feet on limestone				
						Flushmount waiver from BOW
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>9/2/08</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>1/2/09</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 .						