

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

| | | | | |
|----------------------------------|---|-----------------------------|---------------------------------|------------------------------|
| 1 LOCATION OF WATER WELL: | Fraction County: Wilson NW ¼ SW ¼ NE ¼ | Section Number 24 | Township Number T 29S | Range Number R 14E |
|----------------------------------|---|-----------------------------|---------------------------------|------------------------------|

Distance and direction from nearest town or city street address of well if located within city? **1400 S. Cement Rd., Fredonia, KS** **Global Positioning System** (decimal degrees, min. of 4 digits)
 Latitude: NA
 Longitude: NA
 Elevation: NA
 Datum: NA
 Data Collection Method: NA

2 WATER WELL OWNER: Lafarge Midwest, Inc.
 RR#, St. Address, Box # : **1400 S. Cement Rd.**
 City, State, ZIP Code : **Fredonia, KS 66736**

| | |
|--|---|
| 3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL 32 ft. MW17 |
|--|---|

N

| | | |
|----|---|----|
| | | |
| NW | X | NE |
| | | |
| SW | | SE |
| | | |

S

Depth(s) Groundwater Encountered _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **25.67** ft. below land surface measured on mo/day/yr **8/31/10**

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/yr
 Sample was submitted _____ Water Well Disinfected? Yes _____ No **X**

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 | 9 Other (specify below) | Welded _____ |
| | | | | Threaded X |

Blank casing diameter **2** in. to **21.5** ft., Dia **31.5** in. to **32** ft., Dia _____ in. to _____ ft.
 Casing height above land surface **3.25** 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 **21.5** ft. to **31.5** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **19.5** ft. to **32** 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 **19.5** 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 | LITHOLOGIC LOG |
|------|----|---|------|----|----------------|
| 0 | 11 | Silty clay with soil and gravel. black | | | |
| 11 | 20 | Silty clay with gray clinker and some cement kiln dust, small pebble sized, loose, dry, low to no plasticity | | | |
| 20 | 25 | Silty clay with gray fine to coarse gravel sized clinker, with increasing cement kiln dust within the clinker, loose, dry, low to no plasticity | | | |
| 25 | 32 | Silty clay, dark brown, with clinker and cement kiln dust; clinker is fine to gravel size/coarse sand sized; refusal at 32 ft on limestone rock | | | |

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) **8/31/10** 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) **9/15/10** 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>.