

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
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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 LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 31.3 ft. MW18
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N

NW	X	NE
SW		SE

S

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **23.12** ft. below land surface measured on mo/day/yr **9/1/10**

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: 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 **20.8** ft., Dia **30.8** in. to **31.3** ft., Dia _____ in. to _____ ft.
 Casing height above land surface **2.625** 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 **20.8** ft. to **30.8** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **16.5** ft. to **31.3** 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 **16.5** 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	2	Topsoil, dark brown silt	25	28.5	Clay, brownish-yellow, med. stiff, moist, grading
2	4	Cement kiln dust, tan to pink			Into mottled with minor black nodules
4	6	Silty clay, brown, dry, low plasticity	28.5	29	Limestone rock and clay, wet
6	10	Limestone rock with quartz	29	30	Clay, grayish-brown, hard, dry
10	15	Limestone rock, large pieces	30	31	Shale, mudstone like
15	20	Limestone rock with some dark brown silty clay,	31	31.3	Limestone rock with minor brown clay, moist to wet
		possible sluff			Refusal at 31.4 ft on limestone rock
20	25	Silty clay, dark brown, and clay, med. stiff, moist,			
		low to med. plasticity			

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>.