

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Sedgwick		SW ¼ NW ¼ NW ¼	32	T 29 S	R 2 E
Distance and direction from nearest town or city street address of well if located within city? 101 East Plaza Drive, Mulvane, KS			Global Positioning System (decimal degrees, min. of 4 digits)		
			Latitude: N 37.48623°		
			Longitude: W 97.24388°		
			Elevation: RIM: 1266.59; TOC: 1266.41		
			Datum: WGS84		
			Data Collection Method: legal survey		
2 WATER WELL OWNER: Kabredlo's #276					
RR#, St. Address, Box #: 2601 West L St.					
City, State, ZIP Code: Lincoln, NE 68522					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 28 ft.			
		MW2			
		Depth(s) Groundwater Encountered _____ ft. _____ ft. _____ ft.			
		WELL'S STATIC WATER LEVEL 20.90 ft. below land surface measured on mo/day/yr 9/22/10			
		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/yrs Sample was submitted _____ Water Well Disinfected? Yes _____ No X			
5 TYPE OF CASING USED:		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 _____ 13 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height below land surface 0.18 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 _____ 13 ft. to _____ 28 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS:					
From _____ 11 ft. to _____ 28 ft. From _____ ft. to _____ ft.					
FROM _____ TO _____ LITHOLOGIC LOG		FROM _____ TO _____ PLUGGING INTERVALS			
0 TO 0.5 Asphalt					
0.5 TO 7 Dark brown hard clay grading to					
7 TO 20 Fine grained brown soft sandy clay					
20 TO 28 Clayey sand grading to fine grained tan sand					
		Flushmount waiver from BOW			
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) 9/21/10 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) 11/30/10 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 .					