

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)																																																																				
2 WATER WELL OWNER: Kabredlo's #276 RR#, St. Address, Box # : 2601 West L St. City, State, ZIP Code : Lincoln, NE 68522			Latitude: N 37.48635°																																																																				
			Longitude: W 97.24443°																																																																				
			Elevation: RIM: 1264.89; TOC: 1264.64																																																																				
			Datum: WGS84																																																																				
Data Collection Method: legal survey																																																																							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 28 ft.																																																																					
		MW3																																																																					
		Depth(s) Groundwater Encountered _____ ft. 2 _____ ft. 3 _____ ft.																																																																					
		WELL'S STATIC WATER LEVEL 18.36 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/yr Sample was submitted _____ Water Well Disinfected? Yes _____ No X																																																																					
5 TYPE OF CASING USED:																																																																							
1 Steel		3 RMP (SR)		5 Wrought Iron																																																																			
(2) PVC		4 ABS		6 Asbestos-Cement																																																																			
		7 Fiberglass		8 Concrete tile																																																																			
				9 Other (specify below)																																																																			
Blank casing diameter _____ in. to _____ ft., Dia		_____ in. to _____ ft., Dia		CASING JOINTS: Glued _____ Clamped _____																																																																			
Casing height below land surface 0.25 ft., Weight _____ lbs./ft.		Wall thickness or gauge No. _____		Welded _____ Threaded X																																																																			
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																																																																			
2 Louvered shutter		4 Key punched		6 Wire wrapped																																																																			
7 Torch cut		9 Drilled holes		11 None (open hole)																																																																			
8 Saw Cut		10 Other (specify) _____																																																																					
SCREEN-PERFORATED INTERVALS:																																																																							
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.																																																																			
GRAVEL PACK INTERVALS:		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 Concrete: 0-1 ft																																																																							
Grout Intervals From _____ ft. to _____ 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																																																																			
2 Sewer lines		5 Cess pool		8 Sewage lagoon																																																																			
3 Watertight sewer lines		6 Seepage pit		9 Feedyard																																																																			
Direction from well? E		How many feet? ~100ft		10 Livestock pens																																																																			
				13 Insecticide Storage																																																																			
				16 Other (specify below)																																																																			
				12 Fertilizer storage																																																																			
				15 Oil well/ gas well																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0.5</td> <td>Asphalt</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.5</td> <td>3</td> <td>Brown soft clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>4</td> <td>Coarse grained sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>5</td> <td>Brown soft clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>18</td> <td>Fine grained brown soft sandy clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18</td> <td>20</td> <td>Fine grained tan sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>28</td> <td>Fine to medium grained tan sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	0.5	Asphalt				0.5	3	Brown soft clay				3	4	Coarse grained sand				4	5	Brown soft clay				5	18	Fine grained brown soft sandy clay				18	20	Fine grained tan sand				20	28	Fine to medium grained tan sand																					
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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 .																																																																							