

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: Fraction Brown SE 1/4 NW 1/4 NW 1/4 Section Number 29 Township Number T 2 S R 17 E Range Number

Distance and direction from nearest town or city street address of well if located within city? 102 N 10th St, Hiawatha, KS 66434

Global Positioning System (decimal degrees, min. of 4 digits)
 Latitude: 39.85302°
 Longitude: 95.54235°
 Elevation: RIM: 1093.92; TOC: 1093.49
 Datum: NAD83
 Data Collection Method: Legal survey

2 WATER WELL OWNER: Ag Partners Co-op, Inc.
 RR#, St. Address, Box # : 708 S 10th St
 City, State, ZIP Code : Hiawatha, KS 66434

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:

N
 X | W | NE

 W | | E

 SW | SE
 S

4 DEPTH OF COMPLETED WELL 15 ft.

MW12

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL 6.65 ft. below land surface measured on mo/day/yr 1/14/14
 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/hrs
 Sample was submitted _____ Water Well Disinfected? Yes _____ No X

5 TYPE OF CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
 CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded X
 Blank casing diameter 2 in. to 3 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height below land surface 0.43 ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC (8) RM (SR) 9 ABS 10 Asbestos-Cement 11 Other (specify) _____ 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauze wrapped 6 Wire wrapped 7 Torch cut 8 Saw Cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From 3 ft. to 15 ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 2.5 ft. to 15.8 ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **Concrete: 0-1ft**
 Grout Intervals From 1 ft. to 2.5 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide Storage 14 Abandoned water well 15 Oil well/ gas well 16 Other (specify below) _____
 Direction from well? W How many feet? ~15'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Grass on top; Brown silty clay			
5	11	Tan limestone and rock			
11	15.8	Gray shale			
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) 12/23/13 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) 1/17/14 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.