

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Marshall	Fraction SW ¼ SW ¼ SW ¼	Section Number 28	Township Number T 2S S	Range Number R 7E E
Distance and direction from nearest town or city street address of well if located within city? 202 Center, Marysville, KS 66508		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>39.84325°</u> Longitude: <u>96.65567°</u> Elevation: <u>RIM: 1150.51; TOC: 1150.26</u> Datum: <u>NAD83</u> Data Collection Method: <u>legal survey</u>		
2 WATER WELL OWNER: Dean Thomas RR#, St. Address, Box # : 1043 8th Road City, State, ZIP Code : Marysville, KS 66508				

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 25.60 ft.
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 19.51 ft. below land surface measured on mo/day/yr 11/20/12 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 15.60 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			
Casing height below land surface 0.25 ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	7 PVC
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)
9 ABS 11 Other (specify) _____			
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
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut
9 Drilled holes 11 None (open hole)			
10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From 10 ft. to 25.60 ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From 13 ft. to 25.80 ft. From _____ ft. to _____ 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 13 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
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
13 Insecticide Storage 14 Abandoned water well 15 Oil well/ gas well 16 Other (specify below)			
Direction from well? SE How many feet? ~300 ft			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	20	Brown silty clay			
20	25.8	Brown sand, medium grained			

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) 1/3/13 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) 1/4/13 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>.