

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. _____

1 LOCATION OF WATER WELL: County: Labette	Fraction NW ¼ NW ¼ NW ¼	Section Number 24	Township Number T 31 S	Range Number R 19 E
Distance and direction from nearest town or city street address of well if located within city? 3130 Main St., Parsons, KS		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N 37.33998° Longitude: W 95.28496° Elevation: RIM: 904.69; TOC: 904.33 Datum: WGS84 Data Collection Method: legal survey		

2 WATER WELL OWNER: Stover Oil Co. Inc RR#, St. Address, Box # : 13220 10th Rd. City, State, ZIP Code : Parsons, KS 67357-7610	Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N 37.33998° Longitude: W 95.28496° Elevation: RIM: 904.69; TOC: 904.33 Datum: WGS84 Data Collection Method: legal survey
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3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 15 ft.						
<table border="1" style="margin:auto; border-collapse: collapse;"> <tr><td style="text-align:center;">N</td></tr> <tr><td style="text-align:center;">X</td></tr> <tr><td style="text-align:center;">NW NE</td></tr> <tr><td style="text-align:center;">W E</td></tr> <tr><td style="text-align:center;">SW SE</td></tr> <tr><td style="text-align:center;">S</td></tr> </table>	N	X	NW NE	W E	SW SE	S	Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. MW2 WELL'S STATIC WATER LEVEL 5.22 ft. below land surface measured on mo/day/yr 11/11/10 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
N							
X							
NW NE							
W E							
SW SE							
S							

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 3 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	Casing height below land surface 0.36 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 3 ft. to 15 ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:			
From 3 ft. to 15 ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite
Grout Intervals From 1 ft. to 3 ft.	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	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? N		How many feet? ~5 feet	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.7	Concrete			
0.7	5	No Recovery			
5	10	Soft brown clay			
10	1	Tan, gray mottled soft clay with some gravel			
13	15	Limestone			
					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) **9/27/10** 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) **12/9/10** 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>.