

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. _____

| 1 LOCATION OF WATER WELL: | Fraction County: <u>Montgomery</u> SW $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$ | Section Number <u>5</u> | Township Number T <u>32</u> S | Range Number R <u>14</u> E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Distance and direction from nearest town or city street address of well if located within city? <u>106 N. Franklin St., Elk City KS 67344</u> | | Global Positioning System (decimal degrees, min. of 4 digits) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 WATER WELL OWNER: KDHE | | Latitude: <u>N 37.29196°</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RR#, St. Address, Box # : <u>1000 SW Jackson</u> | | Longitude: <u>W 95.90949°</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City, State, ZIP Code : <u>Topeka KS 66612</u> | | Elevation: <u>RIM: 832.54; TOC: 832.25</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Datum: <u>WGS84</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Data Collection Method: <u>legal survey</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 LOCATE WELL'S LOCATOR WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL <u>9.60</u> ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="4" style="text-align:center;">N</td></tr> <tr><td style="text-align:center;">NW</td><td style="text-align:center;">NE</td><td colspan="2"></td></tr> <tr><td style="text-align:center;">X</td><td></td><td style="text-align:center;">E</td><td></td></tr> <tr><td style="text-align:center;">SW</td><td style="text-align:center;">SE</td><td colspan="2"></td></tr> <tr><td colspan="4" style="text-align:center;">S</td></tr> </table> | N | | | | NW | NE | | | X | | E | | SW | SE | | | S | | | | Well's Static Water Level <u>7.25</u> ft. below land surface measured on <u>mo/day/yr</u> <u>9/13/12</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NW | NE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | | E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SW | SE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 <u>X</u> ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 TYPE OF CASING USED: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>6 Asbestos-Cement</td> <td>8 Concrete tile</td> <td>CASING JOINTS: Glued _____ Clamped _____</td> </tr> <tr> <td>(2) PVC</td> <td>4 ABS</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> <td>Welded _____</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Threaded <u>X</u></td> </tr> </table> | | | | | 1 Steel | 3 RMP (SR) | 6 Asbestos-Cement | 8 Concrete tile | CASING JOINTS: Glued _____ Clamped _____ | (2) PVC | 4 ABS | 7 Fiberglass | 9 Other (specify below) | Welded _____ | | | | | Threaded <u>X</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (2) PVC | 4 ABS | 7 Fiberglass | 9 Other (specify below) | Welded _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Threaded <u>X</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blank casing diameter <u>2</u> in. to <u>2.6</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Casing height below land surface <u>0.29</u> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 Louvered shutter | 4 Key punched | 6 Wire wrapped | 8 Saw Cut | 10 Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From <u>2.60</u> ft. to <u>9.60</u> ft. From _____ ft. to _____ ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From <u>2</u> ft. to <u>9.90</u> ft. From _____ ft. to _____ ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite (4) Other Concrete: 0-1ft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grout Intervals From <u>1</u> ft. to <u>2.60</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 Septic tank | 4 Lateral lines | 7 Pit privy | (10) Livestock pens | 13 Insecticide Storage | 16 Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Direction from well? <u>NNE</u> How many feet? <u>~1ft</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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><u>0</u></td> <td><u>1</u></td> <td><u>Silty clay w/ gravel</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>1</u></td> <td><u>5</u></td> <td><u>Black silty clay</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>5</u></td> <td><u>9.9</u></td> <td><u>Tan limestone</u></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> <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> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align:center;">Flushmount waiver from BOW</td> </tr> </tbody> </table> | | | | | | FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | <u>0</u> | <u>1</u> | <u>Silty clay w/ gravel</u> | | | | <u>1</u> | <u>5</u> | <u>Black silty clay</u> | | | | <u>5</u> | <u>9.9</u> | <u>Tan limestone</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Flushmount waiver from BOW |
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| | | | | | 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) <u>9/4/12</u> and this record is true to the best of my knowledge and belief. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>9/12/12</u> under the business name of <u>Larsen & Associates, Inc.</u> 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |