

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Montgomery	Fraction NE ¼ SE ¼ SE ¼	Section Number 8	Township Number T 32 S	Range Number R 17 E
Distance and direction from nearest town or city street address of well if located within city? 100 N. Liberty, Cherryvale KS		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N 37.26934° Longitude: W 95.55598° Elevation: RIM: 823.21; TOC: 822.86 Datum: WGS84 Data Collection Method: legal survey		
2 WATER WELL OWNER: Gurpreet Panesar RR#, St. Address, Box # : 100 N. Liberty St. City, State, ZIP Code : Cherryvale KS 67335				

3 LOCATE WELL'S LOCATOR WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>14.85</u> ft.
<div style="border: 1px solid black; width: 60px; height: 60px; margin: auto; position: relative;"> N S W E <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="text-align: center;">NW</div> <div style="text-align: center;">NE</div> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="text-align: center;">SW</div> <div style="text-align: center;">SE</div> </div> </div> </div>	<p style="text-align: center;">MW3</p> <p>Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.</p> <p>WELL'S STATIC WATER LEVEL NA ft. below land surface measured on mo/day/yr NA</p> <p>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well</p> <p>1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)</p> <p>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <input checked="" type="radio"/> Monitoring well</p> <p>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/></p>

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 _____
<input checked="" type="radio"/> PVC	4 ABS	7 Fiberglass	_____ Threaded <input checked="" type="checkbox"/>
Blank casing diameter <u>2</u> in. to <u>4.85</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	Casing height below land surface <u>0.35</u> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____		
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> 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 <u>4.85</u> ft. to <u>14.85</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:			
From <u>3</u> ft. to <u>15.20</u> 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: 0-1ft
Grout Intervals From <u>1</u> ft. to <u>3</u> ft.	From _____ ft. to _____ 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	13 Insecticide Storage
2 Sewer lines	5 Cess pool	8 Sewage lagoon	<input checked="" type="radio"/> Fuel storage	14 Abandoned water well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/ gas well
Direction from well? S		How many feet? ~70 ft		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	9	Brown silty clay			
9	15.2	Limestone			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 9/4/12 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) 9/12/12 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>.