

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources: App. No.

<b>1 LOCATION OF WATER WELL:</b> County: <b>Montgomery</b>	Fraction <b>NE 1/4 NE 1/4 NE 1/4</b>	Section Number <b>12</b>	Township Number <b>T 33 S R 15 E</b>	Range Number <b>15</b>
---	---	-----------------------------	---	---------------------------

Distance and direction from nearest town or city street address of well if located within city? **419 W. College Ave., Independence, KS** **Global Positioning System** (decimal degrees, min. of 4 digits)  
 Latitude: **N 37.19607°**  
 Longitude: **W 95.71139°**

<b>2 WATER WELL OWNER:</b> <b>Crescent Oil Co. Inc Attn: Jerry Davidson</b> RR#, St. Address, Box # : <b>PO Box 667</b> City, State, ZIP Code : <b>Independence, KS 67301</b>	Elevation: <b>RIM: 846.14; TOC: 845.87</b> Datum: <b>above mean sea level</b> Data Collection Method: <b>legal survey</b>
---	---

<b>3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL</b> <u>18</u> ft.
--	--

N

			X
NW		NE	
SW		SE	

S

**MW7**

Depth(s) Groundwater Encountered 1 \_\_\_\_\_ ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL 8.25 ft. below land surface measured on mo/day/yr 12/1/09

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/yrs  
 Sample was submitted \_\_\_\_\_ Water Well Disinfected? Yes \_\_\_\_\_ No **X**

<b>5 TYPE OF CASING USED:</b>	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	Welded _____
<b>(2) PVC</b>	4 ABS	7 Fiberglass	Threaded <b>X</b>
Blank casing diameter <u>2</u> in. to <u>3</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			
Casing height below land surface <u>0.27</u> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____			

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 1 Steel 3 Stainless steel 5 Fiberglass **(7) PVC** 9 ABS 11 Other (specify) \_\_\_\_\_  
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 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 9 Drilled holes 11 None (open hole)  
 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) \_\_\_\_\_

**SCREEN-PERFORATED INTERVALS:** From 3 ft. to 18 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From 2 ft. to 18 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: 0-1**

Grout Intervals From 1 ft. to 2 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 16 Other (specify below)  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon **(11) 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? **SE** How many feet? **~80 ft**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Grass, topsoil			
0.5	1	Brown silty clay with very fine sand, mod. plasticity			
1	3	Yellow brown silty clay with very fine sand, mod. plasticity, grading to yellow brown very fine sandstone, iron staining			
3	10	Yellow brown very fine sandstone, iron staining			
10	18	Yellow brown mottled gray very fine sandstone, iron staining			
					<b>Flushmount waiver from BOW</b>

**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) 12/1/09 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) 1/8/10 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>