

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources: App. No.  

<b>1 LOCATION OF WATER WELL:</b> Fraction <u>SE ¼ SW ¼ SE ¼</u>		Section Number <u>16</u>	Township Number <u>T 33 S</u>	Range Number <u>R 21 E</u>	
Country: <u>Labette</u>		Global Positioning System (decimal degrees, min. of 4 digits)			
Distance and direction from nearest town or city street address of well if located within city? <u>902 6<sup>th</sup> Street, Oswego KS 67356</u>		Latitude: <u>N 37°09'52.8"</u>			
<b>2 WATER WELL OWNER:</b> <u>Crescent Oil Company</u>		Longitude: <u>W 95°06'37.6"</u>			
RR#, St. Address, Box # : <u>PO Box 667</u>		Elevation: <u>912.14</u>			
City, State, ZIP Code : <u>Independence KS 67301</u>		Datum: <u>Above mean sea level</u>			
<b>3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:</b>		Data Collection Method: <u>legal survey</u>			
		<b>4 DEPTH OF COMPLETED WELL</b> <u>18</u> ft. <i>Site ID: 00375215</i>			
		<b>MW1</b>			
Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft.		WELL'S STATIC WATER LEVEL <u>3.13</u> ft. below land surface measured on <u>mo/day/yr</u> <u>1/5/07</u>			
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) <u>10</u> 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>			
<b>5 TYPE OF CASING USED:</b>		CASING JOINTS: Glued _____ Clamped _____			
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____		Welded _____			
<u>2</u> PVC 4 ABS 7 Fiberglass _____		Threaded <u>X</u>			
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>0.50</u> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		11 Other (specify) _____			
1 Steel 3 Stainless steel 5 Fiberglass <u>7</u> PVC 9 ABS 12 None used (open hole)		2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement			
SCREEN OR PERFORATION OPENINGS ARE:		11 None (open hole)			
1 Continuous slot <u>3</u> Mill slot 5 Guaze 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 <u>3</u> ft. to <u>18</u> ft. From _____ ft. to _____ ft.		From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>2</u> ft. to <u>18</u> ft. From _____ ft. to _____ ft.		From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3</u> Bentonite <u>4</u> Other cement, 0-1'		Grout Intervals From <u>1</u> ft. to <u>2</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:		16 Other (specify below) _____			
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 <u>11</u> 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? _____		How many feet? _____			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>0.5</u>	<u>Gravel, white rock</u>			<u>Flushmount waiver by D. Taylor</u>
<u>0.5</u>	<u>4.5</u>	<u>Fill material</u>			
<u>4.5</u>	<u>5.5</u>	<u>Limestone, fractured</u>			
<u>5.5</u>	<u>8</u>	<u>Clay w/sand, black, med plasticity, moist</u>			
<u>8</u>	<u>11</u>	<u>Limestone, hard</u>			
<u>11</u>	<u>17</u>	<u>Shale, not fractured, WET @ 13'</u>			
<u>17</u>	<u>17.5</u>	<u>Caliche</u>			
<u>17.5</u>	<u>18</u>	<u>Clay w/sand, black, wet, med plasticity</u>			
<u>18</u>	<u>19</u>	<u>Limestone</u>			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>1</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>1/3/07</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>1/17/07</u> under the business name of <u>Larsen &amp; 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 <a href="http://www.kdheks.gov/waterwell">http://www.kdheks.gov/waterwell</a> .					