

**Form WWC-5**

Division of Water Resources; App. No.

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: Cherokee		SW ¼ SW ¼ NW ¼	18	T 33 S	R 24 E
Distance and direction from nearest town or city street address of well if located within city? ~20' E of 110 Northeast Ave., Columbus, KS			<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)		
			Latitude: N 37.17081°		
			Longitude: W 94.83138°		
			Elevation: RIM: 901.15; TOC: 900.88		
			Datum: WGS84		
			Data Collection Method: legal survey		
<b>2 WATER WELL OWNER: KDHE (Abandoned Service)</b>					
RR#, St. Address, Box # : 1000 SW Jackson Blvd					
City, State, ZIP Code : Topeka KS 66612					
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL 14.81 ft.</b>				
	<b>MW5</b>				
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
	WELL'S STATIC WATER LEVEL <u>4.56</u> ft. below land surface measured on mo/day/yr <u>3/10-11/15</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/yrs					
Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>					
<b>5 TYPE OF CASING USED:</b>					
1 Steel		3 RMP (SR)		5 Wrought Iron	
<u>(2)</u> PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>2</u> in. to <u>4.81</u> ft., Dia		in. to _____ ft., Dia		CASING JOINTS: Glued _____ Clamped _____	
Casing height below land surface <u>0.27</u> ft., Weight _____ lbs./ft.		Wall thickness or gauge No. _____		Welded _____ Threaded <u>X</u>	
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>					
1 Steel		3 Stainless steel		5 Fiberglass	
<u>(7)</u> 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)	
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>					
1 Continuous slot		<u>(3)</u> Mill slot		5 Gauze wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
7 Torch cut		9 Drilled holes		11 None (open hole)	
8 Saw Cut		10 Other (specify) _____			
<b>SCREEN-PERFORATED INTERVALS:</b>					
From <u>4.81</u> ft. to <u>14.81</u> ft.		ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From <u>3</u> ft. to <u>15.10</u> ft.		ft. From _____ ft. to _____ ft.	
		ft. From _____ ft. to _____ ft.			
<b>6 GROUT MATERIAL:</b>					
1 Neat cement		2 Cement grout		<u>(3)</u> Bentonite	
<u>(4)</u> Other Concrete: 0-1'					
Grout Intervals From <u>1</u> ft. to <u>3</u> ft.		ft. From _____ ft. to _____ ft.		ft. From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
Direction from well? <u>W</u>		How many feet? <u>~25'</u>		10 Livestock pens	
				13 Insecticide Storage	
				16 Other (specify below)	
				11 Fuel storage	
				14 Abandoned water well	
				12 Fertilizer storage	
				15 Oil well/ gas well	
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
0	5	Silty clay grading to sandstone			
5	14	Silty sandstone grading to silty shale			
14	15.1	Silty shale, some sand			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>3/10/15</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>6/23/15</u>					
under the business name of <u>Larsen &amp; Associates, Inc.</u> by (signature) _____					
<b>INSTRUCTIONS:</b> 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.					

**State of Kansas**  
**KDHE/BER Well Tag Form**

Abandoned Service Station

KDHE Project Code:

U	3	0	1	1	1	4	1	5	8
---	---	---	---	---	---	---	---	---	---

Well Tag Number

Well Number

0050650	MW1
0050651	MW2
0050652	MW3
0050653	MW4
0050654	MW5
0050657	MW6
0050655	MW7
0050658	MW8
0050656	MW9

After completing this form, photocopy it and keep the copy for your files.  
Send the original to the address below.

Kansas Department of Health & Environment  
Bureau of Environmental Remediation  
1000 SW Jackson, Suite 410  
Topeka, KS 66612-1367