

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:	Fraction County: Chautauqua SE ¼ NE ¼ NE ¼	Section Number 10	Township Number T 34 S R 8 E	Range Number
----------------------------------	----------------------------------------------------------------	-----------------------------	--------------------------------------------------------	--------------

Distance and direction from nearest town or city street address of well if located within city? **1520 Marsh Street, Cedar Vale KS**

Global Positioning System (decimal degrees, min. of 4 digits)
 Latitude: **N 37.11068°**
 Longitude: **W 96.50835°**
 Elevation: **RIM:1000.63; TOC:1000.12**
 Datum: **WGS84**
 Data Collection Method: **legal survey**

2 WATER WELL OWNER: Short Stop, Inc.
 RR#, St. Address, Box # : **PO Box 326**
 City, State, ZIP Code : **Cedar Vale KS 67024**

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:

N

NW	NE	X
SW	SE	

S

4 DEPTH OF COMPLETED WELL 23 ft.

MW4

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **6.98** ft. below land surface measured on mo/day/yr **11/2/11**

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/yr Sample was submitted _____ Water Well Disinfected? Yes _____ No **X**

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	

CASING JOINTS: Glued _____ Clamped _____
 Welded _____ Threaded **X**

Blank casing diameter **2** in. to **10** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height below land surface **0.51** 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 **10** ft. to **23** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **8** ft. to **30** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3** Bentonite **4** Other **Concrete: 0-1 ft**

Grout Intervals From **1** ft. to **8** 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? **SW** How many feet? **~60ft**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	0.5	Gravel	29	30	Gray shale
0.5	1.5	Gravel w/ gray brown silty clay			
1.5	4.5	Fractured gray weak limestone w/ shale seams			
4.5	5.5	Highly weathered dark gray to black shale			
5.5	9.5	Highly weathered gray brown shale			
9.5	10	Brown limestone			
10	20	Intermittent gray-gray brown shale and limestone			
20	23	Gray limestone			
23	25.5	Dark gray-black shale			
25.5	29	Gray limestone			

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) **10/31/11** 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) **11/17/11** 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>.