

WATER WELL RECORD

Form WWC-5

Division of Water Resources, App. No.

1 LOCATION OF WATER WELL: County: Brown	Fraction SW ¼ NE ¼ SW ¼	Section Number 28	Township Number T 3 S	Range Number R 16 E
Distance and direction from nearest town or city street address of well if located within city?		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u> N° </u> Longitude: <u> W° </u>		
2 WATER WELL OWNER: USDA/CCC RR#, St. Address, Box # : Stop 0513-RM 4725, 1400 Independence Ave. SW City, State, ZIP Code : Washington DC, 20250		Datum: above mean sea level 1203.084 Data Collection Method: legal survey		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;">NW</td><td style="width: 25px; height: 25px;">NE</td></tr> <tr><td style="width: 25px; height: 25px; text-align: center;">X</td><td style="width: 25px; height: 25px;">SE</td></tr> <tr><td style="width: 25px; height: 25px;">SW</td><td style="width: 25px; height: 25px;">SE</td></tr> </table> S</div>	NW	NE	X	SE	SW	SE	4 DEPTH OF COMPLETED WELL 62 ft. MW14 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr 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
NW	NE						
X	SE						
SW	SE						

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 2 PVC 4 ABS 7 Fiberglass	5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded X
Blank casing diameter 1 in. to 52 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height below land surface 0.00 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 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 52 ft. to 62 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From 49 ft. to 62 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.	

6 GROUT MATERIAL: Grout Intervals From 3 ft. to 47 ft. From 47 ft. to 49 ft. From _____ ft. to _____ ft.	1 Neat cement 2 Cement grout 3 Bent. Grout 4 Other Bentonite Chips 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 Former Grain Storage Bins 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well Direction from well? _____ How many feet? _____
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	62	SILTY CLAY, iron staining, black streaks, gray brown to brown, moist			
					Flushmount waiver from Don Taylor, BOW

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) **8/25/07** 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) **9/24/07** 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>.