

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. _____

1 LOCATION OF WATER WELL:	Fraction County: Brown NE ¼ NW ¼ SW ¼	Section Number 28	Township Number T 3 S R	Range Number 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: N°
 Longitude: W°

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 1208.781 Data Collection Method: legal survey
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>69</u> ft.
-------------------------------------------------------------	------------------------------------------------

N

	NW	NE	
W	X		E
	SW	SE	
	S		

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**

5 TYPE OF CASING USED:	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____ Welded _____
2 PVC	4 ABS	7 Fiberglass	Threaded X
Blank casing diameter <u>1</u> in. to <u>59</u> ft. Dia	_____ in. to _____ ft. Dia	_____ in. to _____ ft. Dia	_____ in. to _____ ft. Dia
Casing height below land surface <u>0.00</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 59 ft. to 69 ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 56 ft. to 69 ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3** Bent. Grout **4** Other Bentonite Chips

Grout Intervals From 3 ft. to 54 ft. From 54 ft. to 56 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	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? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	69	SILTY CLAY, iron staining, black streaks, gray brown to gray, 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.