

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b>	Fraction	Section Number	Township Number	Range Number
County: <b>Atchison</b>	<b>NW ¼ SW ¼ SE ¼</b>	<b>33</b>	<b>T 5 S R 20</b>	<b>20</b>

Distance and direction from nearest town or city street address of well if located within city? Route #3, Amelia Earhart Airport, Atchison, KS **Global Positioning System** (decimal degrees, min. of 4 digits)  
 Latitude: N 39.56843°  
 Longitude: W 95.17825°  
 Elevation: RIM: 1072.85 TOC: 1072.55

**2 WATER WELL OWNER:** Amelia Earhart Airport / City of Atchison  
 RR#, St. Address, Box # : 515 Kansas Ave.  
 City, State, ZIP Code : Atchison, KS 66002  
 Datum: above mean sea level  
 Data Collection Method: legal survey

<b>3 LOCATE WELL'S LOCATOR WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL</b> <u>70.0</u> ft.
	Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft. WELL'S STATIC WATER LEVEL <u>60.65</u> ft. below land surface measured on <u>mo/day/yr</u> <u>6/8/09</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>

**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 2 in. to 45 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height below land surface 0.30 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 45 ft. to 70 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
**GRAVEL PACK INTERVALS:** From 43 ft. to 70 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **Concrete: 0-2 ft.**  
 Grout Intervals From 2 ft. to 43 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? NW How many feet? ~87

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	Grass, topsoil, with brown silt with clay, moist			
1	10	Silty clay, brown, moist			
10	15	Sand, red brown, medium grained, with clay, moist			
15	30	Sand, red brown, medium grained, trace clay, moist			
30	35	Sand, tan, medium grained, some coarse, iron staining, moist			
35	45	Sand, tan, medium grained, well sorted, moist			
45	60	Sand, tan, medium grained, iron staining, moist			
60	70	Sand, tan, medium grained, wet			

**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) 6/8/09 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) 6/22/09  
 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>.