

# WATER WELL RECORD

## Form WWC-5

 Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <b>Atchison</b>	Fraction <b>SW</b> ¼ <b>SE</b> ¼ <b>NE</b> ¼	Section Number <b>1</b>	Township Number <b>T 6 S</b>	Range Number <b>R 20 E</b>
Distance and direction from nearest town or city street address of well if located within city? <b>1014 Gasoline Alley, Atchison KS</b>		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
<b>2 WATER WELL OWNER: Consumer Oil</b> RR#, St. Address, Box # : <b>1014 Gasoline Alley</b> City, State, ZIP Code : <b>Atchison KS</b>				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL</b> <u>29.85</u> ft.
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. <b>WELL'S STATIC WATER LEVEL</b> <u>NA</u> 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 <b>WELL WATER TO BE USED AS:</b> 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) <b>(10) Monitoring well</b> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr _____ Sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>

<b>5 TYPE OF CASING USED:</b>	5 Wrought Iron      8 Concrete tile      CASING JOINTS: Glued _____ Clamped _____ 1 Steel      3 RMP (SR)      6 Asbestos-Cement      9 Other (specify below)      Welded _____ <b>(2) PVC</b> 4 ABS      7 Fiberglass      _____      Threaded _____ <b>X</b> Blank casing diameter <u>2</u> in. to <u>14.85</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height below land surface _____ ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____ <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> 1 Steel      3 Stainless steel      5 Fiberglass <b>(7) PVC</b> 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 <b>(3) Mill slot</b> 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) _____ <b>SCREEN-PERFORATED INTERVALS:</b> From <u>14.85</u> ft. to <u>29.85</u> ft.      From _____ ft. to _____ ft. _____ ft. to _____ ft.      From _____ ft. to _____ ft. <b>GRAVEL PACK INTERVALS:</b> From <u>13</u> ft. to <u>30.45</u> ft.      From _____ ft. to _____ ft. _____ ft. to _____ ft.      From _____ ft. to _____ ft.
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<b>6 GROUT MATERIAL:</b>	1 Neat cement      2 Cement grout <b>(3) Bentonite</b> <b>(4) Other Concrete: 0-1ft</b> Grout Intervals From <u>1</u> ft. to <u>13</u> ft. From _____ ft. to _____ 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 <b>(11) Fuel storage</b> 14 Abandoned water well 3 Watertight sewer lines      6 Seepage pit      9 Feedyard      12 Fertilizer storage      15 Oil well/ gas well Direction from well? <b>SW</b> How many feet? <u>~200ft</u>
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	15	Brown silty clay w/ fill and brick			
15	30.8	Gray silty clay			

**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) 11/26/13 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) 12/26/13 under the business name of Larsen & Associates, Inc. by (signature) \_\_\_\_\_

**Flushmount waiver from BOW**

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>.