

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No.

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Shawnee	SW ¼ SW ¼ NE ¼	11	T 8 S	R 15E E/W
Distance and direction from nearest town or city street address of well if located within city? 3107 SW 21st Street, Topeka, KS		Global Positioning System (decimal degrees, min. of 4 digits)		
		Latitude: N 39.02394°		
		Longitude: W 95.71392°		
		Elevation: Rim: 919.23 TOC: 919.02		
		Datum: above mean sea level		
		Data Collection Method: legal survey		

2 WATER WELL OWNER: Kansas Neurological Institute
 RR#, St. Address, Box # : **3107 SW 21st Street**
 City, State, ZIP Code : **Topeka, KS, 66604**

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 19.5 ft.										
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">W</td><td style="text-align: center;">X</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr> <tr><td colspan="2" style="text-align: center;">S</td></tr> </table>	N		NW	NE	W	X	SW	SE	S		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 5.70 ft. below land surface measured on mo/day/yr 05/20/08 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
N											
NW	NE										
W	X										
SW	SE										
S											

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass		Welded _____ Threaded X

Blank casing diameter **2** in. to **4.5** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height below land surface **0.21** 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 **4.5** ft. to **19.5** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **4** ft. to **20** 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, 0-2ft.

Grout Intervals From **2** ft. to **4** 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? **N or NW** How many feet? **~40**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Grass, Topsoil, Silty clay, brown, moderate plasticity, moist, no odor			
3	5	Silty clay, brown, moderate plasticity, moist, no odor			
8	10	Silty clay, brown, moderate plasticity, Wet, slight petroleum odor			
13	20	Silty clay, light brown, wet, Slight petroleum odor			
					Flushmount waiver from 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) **05/20/08** 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) **06/17/08** 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>.