

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

|   |                                   |   |                                 |                              |
|---|-----------------------------------|---|---------------------------------|------------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Clay</u>   | Fraction<br><u>SW ¼ NW ¼ NW ¼</u> | Section Number<br><u>8</u>  | Township Number<br><u>T 8 S</u> | Range Number<br><u>R 3 E</u> |
| Distance and direction from nearest town or city street address of well if located within city? <u>401 Court St., Clay Center, KS 67432</u> |                                   | Global Positioning System (decimal degrees, min. of 4 digits)<br>Latitude: <u>N 39.37761 °</u><br>Longitude: <u>W 97.12842 °</u><br>Elevation: <u>RIM: 1199.80; TOC: 1199.38</u><br>Datum: <u>NAD 83</u><br>Data Collection Method: <u>legal survey</u> |                                 |                              |

**2 WATER WELL OWNER: KDHE (Bigler 66 Service)**  
RR#, St. Address, Box # : 1000 SW Jackson  
City, State, ZIP Code : Topeka, KS. 66612

|   |   |
|---|---|
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> | <b>4 DEPTH OF COMPLETED WELL</b> <u>34</u> ft.  |
|   | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.<br>WELL'S STATIC WATER LEVEL <u>27.2</u> ft. below land surface measured on mo/day/yr <u>4/8/10</u><br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <input checked="" type="radio"/> Monitoring well |
|   | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr<br>Sample was submitted _____ Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>  |

**5 TYPE OF CASING USED:**

|                                      |            |                   |                         |   |
|--------------------------------------|------------|-------------------|-------------------------|---|
| 1 Steel                              | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) | CASING JOINTS: Glued _____ Clamped _____                  |
| <input checked="" type="radio"/> PVC | 4 ABS      | 7 Fiberglass      |                         | Welded _____ Threaded <input checked="" type="checkbox"/> |

Blank casing diameter 2 in. to 19 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height below land surface 0.42 ft., Weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

|         |                    |                 |                                      |                    |                          |
|---------|--------------------|-----------------|--------------------------------------|--------------------|--------------------------|
| 1 Steel | 3 Stainless steel  | 5 Fiberglass    | <input checked="" type="radio"/> 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  | <input checked="" type="radio"/> 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 19 ft. to 34 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From 17 ft. to 35 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout  Bentonite  Other Concrete: 0-2

Grout Intervals From 2 ft. to 17 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 | <input checked="" type="radio"/> 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? S How many feet? ~50ft

| FROM | TO  | LITHOLOGIC LOG  | FROM | TO | LITHOLOGIC LOG             |
|------|-----|---|------|----|----------------------------|
| 0    | 0.5 | Concrete  |      |    |                            |
| 0.5  | 5   | Silty clay dark brown to black  |      |    |                            |
| 5    | 10  | Silty clay dark brown to black grading to gray and increasing in silt |      |    |                            |
| 10   | 15  | Silt with trace clay and fine sand, brown                             |      |    |                            |
| 15   | 20  | Fine sand with trace silt, brown                                      |      |    |                            |
| 20   | 25  | Fine sand with silt, brown  |      |    |                            |
| 25   | 35  | Fine to medium sand with silt and coarse gravel, black                |      |    |                            |
|      |     |   |      |    | 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) 4/7/10 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) 5/18/10 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>.

White