

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <b>Leavenworth</b>	Fraction <b>NE ¼ NW ¼ NE ¼</b>	Section Number <b>12</b>	Township Number <b>T 9 S R 22 E</b>	Range Number <b>22</b>
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Distance and direction from nearest town or city street address of well if located within city? **2912 S. 4<sup>th</sup> St. Leavenworth, KS**

**Global Positioning System** (decimal degrees, min. of 4 digits)  
 Latitude: **N 39° 17' 18.1"**  
 Longitude: **W 094° 54' 17.5"**  
 Elevation: **814.57 pin / 814.34 toc**  
 Datum: **Above mean sea level**  
 Data Collection Method: **legal survey**

**2 WATER WELL OWNER: KDHE**  
 RR#, St. Address, Box # : **1000 SW Jackson St., Ste 410**  
 City, State, ZIP Code : **Topeka, KS 6612-1367**

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL 25 ft.</b>
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N

NW	X NE
SW	SE

S

Depth(s) Groundwater Encountered **1** ft. **2** ft. **3** ft.

WELL'S STATIC WATER LEVEL **22.26** Ft. below land surface measured on **mo/day/yr 4/9/07**

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:**

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

Blank casing diameter **2** in. to **25** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height below land surface **0.23** ft., Weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

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)

**SCREEN OR PERFORATION OPENINGS ARE:**

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)	

**SCREEN-PERFORATED INTERVALS:** From **10** ft. to **25** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From **8** ft. to **25** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout **3 Bentonite** **4 Other cement, 0-3**

Grout Intervals From **3** ft. to **8** 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? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Soil	18	21	Clay, black, wet, medium plasticity,
3	11	Clay, yellow-reddish brown w/some grey no odor, moist, medium plasticity	21	23	petroleum odor, very weathered Clay, brown, moist, high plasticity, medium odor
11	11.5	Sand, grey, very fine, no odor, moist			
11.5	13	Shale, grey, very weathered	23	25	Clay, yellow brown, dry, no odor, low plasticity
13	15	Clay, black, moist, medium plasticity, solvent smell, very weathered			
15	18	Clay, black, moist, medium plasticity, petroleum odor, very weathered			
					Flushmount waiver by D. Taylor

**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) **3/15/07** 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) **4/24/07** 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>.