

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No.

1 LOCATION OF WATER WELL: County: <u>Leavenworth</u> Fraction <u>NE ¼ NW ¼ NE ¼</u> Section Number <u>12</u> Township Number <u>T 9 S</u> Range Number <u>R 22 E</u>									
Distance and direction from nearest town or city street address of well if located within city? <u>2912 S. 4th St. Leavenworth, KS</u>									
2 WATER WELL OWNER: KDHE RR#, St. Address, Box # : <u>1000 SW Jackson St., Ste 410</u> City, State, ZIP Code : <u>Topeka, KS 6612-1367</u>									
Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>N 39° 17' 16.8"</u> Longitude: <u>W 094° 54' 17.5"</u> Elevation: <u>817.87 pin / 817.57 toc</u> Datum: <u>Above mean sea level</u> Data Collection Method: <u>legal survey</u>									
3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX: <div style="text-align: center; margin-top: 10px;"> <table border="1" style="width: 60px; height: 60px; border-collapse: collapse; margin: auto;"> <tr><td colspan="2" style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">X NE</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> </div>	N		NW	X NE	SW	SE	S		4 DEPTH OF COMPLETED WELL <u>32</u> ft. <p style="text-align: center; margin-left: 100px;">MW17</p> Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>20.49</u> Ft. below land surface measured on mo/day/yr <u>4/9/07</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) <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 Sample was submitted _____ Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>
	N								
	NW	X NE							
	SW	SE							
S									
5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____ <input checked="" type="radio"/> PVC 4 ABS 7 Fiberglass _____ Threaded <input checked="" type="checkbox"/> Blank casing diameter <u>2</u> in. to <u>32</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height below land surface <u>0.30</u> 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 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 <u>12</u> ft. to <u>32</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>32</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> Bentonite <input checked="" type="radio"/> Other cement, 0-3 Grout Intervals From <u>3</u> ft. to <u>10</u> 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? _____ How many feet? _____									
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS				
0	1	Soil							
1	3	Clay, brown/grey, no odor, moist, Medium plasticity							
3	5	Clay, brown, no odor, dry, medium plasticity							
5	8	Clay, brown, dry, low plasticity, no odor							
8	13	Clay, brown, moist, low plasticity, no odor							
13	32	Clay, brown, dry, hard, no plasticity			Flushmount waiver by D. Taylor				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, <input type="radio"/> reconstructed, or <input type="radio"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>3/15/07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>4/24/07</u> under the business name of <u>Larsen & Associates, Inc.</u> 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 .									