

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. TMW16

1 LOCATION OF WATER WELL:
 County: **Leavenworth** Fraction $\frac{1}{4}$ **N** $\frac{1}{4}$ **SE** $\frac{1}{4}$ Section Number **7** Township Number **T 9 S** Range Number **R 23 E**
 Distance and direction from nearest town or city street address of well if located within city? **Global Positioning Systems** (decimal degrees, min. of 4 digits)
 Latitude: **Nothing 360 685.78**
 Longitude: **Easting 193 182.33**

2 WATER WELL OWNER: VA Hospital: US Dept of Veterans
 RR#, St. Address, Box # : **4101 S. 4th St. Trafficway**
 City, State, ZIP Code : **Leavenworth, KS. 66048**
 Elevation: _____ Datum: _____
 Data Collection Method: **Land Survey**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

-- NW --		-- NE --	
W			E
-- SW --		-- SE --	
S			

(Note: An 'X' is marked in the SE quadrant of the section box.)

4 DEPTH OF COMPLETED WELL **29'** ft.

Depth(s) Groundwater Encountered (1) **20'** ft. (2) _____ ft. (3) _____ ft.
 WELL'S STATIC WATER LEVEL **21.17** ft. below land surface measured on mo/day/yr **6/18/09**
 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 Feedlot 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 _____
2 PVC	4 ABS	7 Fiberglass		Welded _____
				Threaded X

Blank casing diameter **2.375** in. to **1.0** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface **2** in., Weight _____ lbs./ft. Wall thickness or gauge No. **5th 40**

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 Gauzed 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 **29'** ft. to **9'** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **29'** ft. to **8'** 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 _____

Grout Intervals: From **2'** to **0'** 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	Dump Area
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/gas well	

Direction from well? **West** How many feet? **1200'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3.0	DK Brun organic rich soil, moist			
3.0	18.0	Med-Lt Brun clay to silty clay w/ iron oxides, firm			
18.0	26.0	yellow Brun. Gray Brun shale, firm, moist			
26.0	28.5	DK Gray outstone, dry, hard			
28.5	29.0	Limestone			

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) **6/11/09** and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **732** This Water Well Record was completed on (mo/day/year) **6/18/09**
 under the business name of **JB Environmental** by (signature) **James Belker**

INSTRUCTIONS: Use typewriter or ball point pen. **PLEASE PRESS FIRMLY** and **PRINT** clearly. Please fill in blanks, underline 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/index.html>.