

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

WELL NO 2 ALLEY

| | | | | |
|--|--------------------------------|-----------------------------|----------------------------------|---------------------------------|
| 1 LOCATION OF WATER WELL: County: ELLIS | Fraction ¼ NE ¼ NE ¼ | Section Number 34 | Township Number T 13 S | Range Number R 18 E/W |
|--|--------------------------------|-----------------------------|----------------------------------|---------------------------------|

Distance and direction from nearest town or city street address of well if located within city? _____

2 WATER WELL OWNER: **KDHE**
RR#, St. Address, Box # : **1000 SW Jackson Suite 420**
City, State, ZIP Code : **Topeka, Ks. 66612**

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method: _____

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

N

| | | | |
|---|----|----------|---|
| | NW | NE | |
| W | | X | E |
| | SW | SE | |
| | | | |

S

4 DEPTH OF COMPLETED WELL **39.6** ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr.....
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; If yes, mo/day/yrs Sample was submitted..... Water well disinfected? Yes No

5 TYPE OF CASING USED:

| | | | | | | | |
|---------|------------|----------------|-------------------|--------------|-----------------|-------------------------|--|
| 1 Steel | 3 RMP (SR) | 5 Wrought Iron | 6 Asbestos-Cement | 7 Fiberglass | 8 Concrete tile | 9 Other (specify below) | CASING JOINTS: Glued..... Clamped..... |
| 2 PVC | 4 ABS | 5 Wrought Iron | 6 Asbestos-Cement | 7 Fiberglass | 8 Concrete tile | 9 Other (specify below) | Welded..... |
| | | | | | | | Threaded..... |

Blank casing diameter in. to ft., Diameter. in. to ft., Diameter in. toft.
Casing height above land surface..... in., Weightlbs./ft. Wall thickness or guage 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 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..... ft. to ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From..... ft. to 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 ft. to ft., From ft. to ft., From ft. toft.

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? How many feet?

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|----------------|------|----|--------------------|
| | | 39.6 | | | |
| | | Plugged | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

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) ... 3.12.6.108 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 476..... This Water Well Record was completed on (mo/day/year) 3.12.6.108..... under the business name of Pharmacia Water Well by (signature) [Signature]

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>.