

WATER WELL RECORD

Form WWC-5

 Division of Water Resources: App. No.

1 LOCATION OF WATER WELL:	Fraction County: Ellis NW ¼ SW ¼ NE ¼	Section Number 7	Township Number T 14 S R 16 W	Range Number 16	
Distance and direction from nearest town or city street address of well if located within city? 203 W. Main Street Victoria, KS 67671		Global Positioning System (decimal degrees, min. of 4 digits)			
Latitude: N 38.84827°		Longitude: W 99.14668°			
Elevation: RIM: 1920.95 TOC: 1920.38		Datum: above mean sea level			
Data Collection Method: legal survey					

2 WATER WELL OWNER: James Robben	RR#, St. Address, Box # : 207 W. Main
City, State, ZIP Code : Victoria, KS 67671	

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>40</u> ft.																				
<div style="display: flex; justify-content: space-between;"> X N </div> <table border="1" style="margin: auto; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>NW</td><td>X</td><td>NE</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>SW</td><td>SE</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> <div style="display: flex; justify-content: space-between;"> W E </div> <div style="display: flex; justify-content: space-between;"> S </div>						NW	X	NE						SW	SE						Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft. WELL'S STATIC WATER LEVEL <u>27.90</u> ft. below land surface measured on mo/day/yr <u>3/25/08</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) <u>10</u> Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; if yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>
	NW	X	NE																		
	SW	SE																			

5 TYPE OF CASING USED:	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____ Welded _____
<u>2</u> PVC	4 ABS	7 Fiberglass	_____ Threaded _____ <u>X</u>
Blank casing diameter <u>2</u> in. to <u>20</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	Casing height below land surface <u>0.57</u> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____		
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	<u>7</u> PVC
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)
SCREEN OR PERFORATION OPENINGS ARE:		9 ABS	11 Other (specify) _____
1 Continuous slot	<u>3</u> Mill slot	5 Guaze wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut
SCREEN-PERFORATED INTERVALS:		9 Drilled holes	11 None (open hole)
From <u>20</u> ft. to <u>40</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:	From <u>19</u> ft. to <u>40</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
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 <u>Bentonite</u>	4 <u>Other concrete, 0-2'</u>
Grout Intervals From <u>2</u> ft. to <u>19</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ 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
2 Sewer lines	5 Cess pool	8 Sewage lagoon	<u>11</u> 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? <u>NW</u>		How many feet? <u>~100</u>		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Grass, topsoil, brown silt	28	40	Silt w/ clay, little medium grained sand.
3	5	Silt, some clay, brown, slightly moist, no odor			increasing sand with depth, brown, slightly moist, no odor
8	10	Silt, some clay, brown, slightly moist, no odor			
13	15	Silt w/ very fine sand, some clay, brown, slightly moist, no odor			
18	25	Silt w/ clay, little medium grained sand, brown, slightly moist, no odor			Flushmount waiver from BOW

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>1</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3/25/08</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>4/9/08</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>.