

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources: App. No. \_\_\_\_\_

<b>1 LOCATION OF WATER WELL:</b>		Fraction		Section Number	Township Number	Range Number																																										
County: <b>Ellis</b>		SW 1/4	SW 1/4	19	T 14 S	R 17 W																																										
Distance and direction from nearest town or city street address of well if located within city? <b>1899 Munjor Road, Munjor, KS</b>				<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)																																												
<b>2 WATER WELL OWNER: KDHE-BER</b>				Latitude: <u>N 38° 48' 47.0"</u>																																												
RR#, St. Address, Box # : 1000 SW Jackson				Longitude: <u>W 099° 15' 45.5"</u>																																												
City, State, ZIP Code : Topeka, KS 66612				Elevation: <u>1946.19 PIN, 1945.91 TOC</u>																																												
				Datum: _____																																												
				Data Collection Method: <u>legal survey</u>																																												
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL</b>																																														
		<b>38</b> ft.																																														
		<b>MW3R</b>																																														
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.																																														
		WELL'S STATIC WATER LEVEL <u>24.90</u> ft. below land surface measured on mo/day/yr <u>3/8/07</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) <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>																																														
<b>5 TYPE OF CASING USED:</b>																																																
1 Steel		3 RMP (SR)		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____																																										
<u>2</u> PVC		4 ABS		9 Other (specify below) _____		Welded _____																																										
		7 Fiberglass				Threaded <u>X</u>																																										
Blank casing diameter <u>2</u> in. to <u>23</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																																
Casing height below land surface <u>0.28</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)																																										
				9 ABS		11 Other (specify) _____																																										
				10 Asbestos-Cement		12 None used (open hole)																																										
SCREEN OR PERFORATION OPENINGS ARE:																																																
1 Continuous slot		<u>5</u> Mill slot		7 Torch cut		9 Drilled holes																																										
2 Louvered shutter		4 Key punched		8 Saw Cut		10 Other (specify) _____																																										
		5 Gauze wrapped		9 Drilled holes		11 None (open hole)																																										
		7 Wire wrapped		8 Saw Cut		10 Other (specify) _____																																										
SCREEN-PERFORATED INTERVALS: From <u>23</u> ft. to <u>38</u> ft. From _____ ft. to _____ ft.																																																
GRAVEL PACK INTERVALS: From <u>21</u> ft. to <u>38</u> ft. From _____ ft. to _____ ft.																																																
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3</u> Bentonite <u>4</u> Other <u>cement, 0 - 3 ft</u>																																																
Grout Intervals From <u>3</u> ft. to <u>21</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																																										
2 Sewer lines		5 Cess pool		8 Sewage lagoon		<u>11</u> Fuel storage																																										
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage																																										
						13 Insecticide Storage																																										
						14 Abandoned water well																																										
						15 Oil well/ gas well																																										
						16 Other (specify below)																																										
Direction from well? _____ How many feet? _____																																																
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>1</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3/6/07</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>3/20/07</u> under the business name of <u>Larsen &amp; 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 785-296-3522. 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>.