

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No. _____

1 LOCATION OF WATER WELL: Fraction NW SE NW Section Number 4 Township Number T 24 S R 13 W
 County Stafford
 Distance and direction from nearest town or city street address of well if located within city? 424 South Broadway, St. John **Global Positioning System** (decimal degrees, min. of 4 digits)
 Latitude: N 37.99435°
 Longitude: W 98.76070°
 Elevation: RIM: 1907.61 TOC: 1907.13
 Datum: above mean sea level
 Data Collection Method: legal survey

2 WATER WELL OWNER: City of St. John
 RR#: St. Address, Box #: PO Box 367
 City, State, ZIP Code: St. John, KS. 67576

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

N		
NW	X	NE
SW		SE
W		E
S		

4 DEPTH OF COMPLETED WELL 36 ft.
 AS17
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL 16.16 ft. below land surface measured on mo/day/yr 7/7/09
 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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Air Sparge
 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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____
 2 PVC 4 ABS 7 Fiberglass _____ Threaded X
 Blank casing diameter 2 in. to 36 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height below land surface 0.48 ft., Weight _____ lbs./ft. Wall thickness or gauge 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 Gauze 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 33 ft. to 35 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 30.9 ft. to 37 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Coated Bentonite 3 Med. Bentonite 4 Other Concrete: 0-1.5 ft.; Soil: 1.5-4 ft.
 Grout Intervals From 4 ft. to 17 ft. From 17 ft. to 30.9 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
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well
 Direction from well? SW How many feet? ~285

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	0.5	Gravel, black, wet	18	22	Sand, medium to coarse, lt. brown to gray at depth, with coarse gravel, moist, wet at 19 ft.
0.5	2	Silty clay with sand, black to red brown, very moist			
2	3	Sand with silty and clay, red brown, very moist	22	26	Sand, medium to coarse, gray, with coarse gravel, wet
3	6	Silty sand, red brown, very moist			
6	7.5	Silty sand, red brown, moist			
7.5	10	Sand, medium to coarse, with gravel, lt. brown, moist			
10	18	Sand, medium to coarse, lt. brown, with gravel, moist			
Flushmount waiver from BOW					

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) 6/2/09 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 8/27/09
 under the business name of Larsen & Associates, Inc. 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>.