

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No.

1 LOCATION OF WATER WELL:	Fraction County: Stafford NW SE NW	Section Number 4	Township Number T 24 S R	Range Number 13 W
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: <u>N 37.99428°</u> Longitude: <u>W 98.76075°</u> Elevation: <u>RIM: 1907.86 TOC: 1907.42</u> Datum: <u>above mean sea level</u> Data Collection Method: <u>legal survey</u>		

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 LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>36</u> ft.
	<p style="text-align: center;">AS18</p> <p>Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.</p> <p>WELL'S STATIC WATER LEVEL <u>16.35</u> ft. below land surface measured on <u>mo/day/yr</u> <u>7/7/09</u></p> <p>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well</p> <p>1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)</p> <p>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well <u>Air Sparge</u></p> <p>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> : If yes, mo/day/yr</p> <p>Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u></p>

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
<u>2</u> PVC	4 ABS	7 Fiberglass		Welded _____ Threaded <u>X</u>

Blank casing diameter 2 in. to 36 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height below land surface 0.44 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	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	<u>3</u> 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.

GRAVEL PACK INTERVALS: From 30.6 ft. to 37 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 17.9 ft. From 17.9 ft. to 30.6 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	<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? **WSW** How many feet? ~255

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	Gravel, black			
1	4	Silty clay, dark brown grading to red brown, with sand, moist			
4	8	Silty sand, fine grading to fine to medium, red brown, moist			
8	12	Sand, medium to coarse, lt. brown, trace gravel, moist			
12	16	Sand, coarse, with gravel, lt. brown, moist			
16	20	Sand, coarse, with gravel, lt. brown, trace grav. wet			Flushmount waiver from BOW
20	27	Sand, coarse, with gravel, grav. wet			

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) 4/16/09 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>.