

WATER WELL RECORD

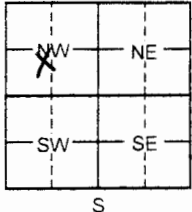
Form WWC-5

Division of Water Resources: App. No. _____

1 LOCATION OF WATER WELL: Fraction _____ Section Number _____ Township Number _____ Range Number _____
 County: **Stafford** NE SW NW **4** T **24** S R **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: **N 37.99424°**
 Longitude: **W 98.76118°**
 Elevation: **RIM: 1908.13 TOC: 1907.84**
 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 SECTION WITH AN "X" IN SECTION BOX: **4 DEPTH OF COMPLETED WELL 36** ft.
LOCATE WITH AN "X" IN SECTION BOX: AS2
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **16.53** 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 **0.29** 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 **29.6** 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 **16.5** ft. From **16.5** ft. to **29.6** 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 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? **WSW** How many feet? **~125**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	0.5	Gravel, fill	16	19.5	Sand, light brown, medium to coarse, with gravel, very moist
0.5	3	Silty clay with sand, black			
3	12	Silty sand, red brown, fine to medium, moist	19.5	24	Sand, gray black, medium to coarse, with gravel, wet
12	12.5	Sand, light brown, medium to coarse, with gravel, moist	24	28	Sand, gray black, medium to coarse, with gravel, wet, heaving sands
12.5	14	Sand, light brown, fine to medium, trace gravel, moist	28	30	Sand, light brown, medium to coarse, with gravel, wet, heaving sands
14	16	Sand, light brown, medium to coarse, 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) **4/14/09** 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 785-296-5523. 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>.