

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No.

1 LOCATION OF WATER WELL:	Fraction NE SW NW	Section Number 4	Township Number T 24 S R 13 W	Range Number 13	
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 37.99430°			
		Longitude: W 98.76088°			
		Elevation: RIM: 1907.91 TOC: 1907.51			
		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 LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>36</u> ft.
	Depth(s) Groundwater Encountered <u>AS11</u> ft.
	WELL'S STATIC WATER LEVEL <u>16.59</u> ft. below land surface measured on <u>mo/day/yr</u> <u>7/7/09</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: <input type="checkbox"/> 5 Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feed lot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input checked="" type="checkbox"/> 12 Other (Specify below) Air Sparge <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Domestic (lawn & garden) <input type="checkbox"/> 10 Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> X : If yes, mo/day/yr Sample was submitted _____	
Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/> 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 0.40 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 29.25 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 18.35 ft. From 18.35 ft. to 29.25 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? **~205**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	Gravel to silty clay, black, moist	22	25.25	Sand, medium to coarse, gray, less gravel, wet
1	4	Silty clay with sand, gray black to red brown, moist	25.25	26	Sand, fine to medium, gray, wet
4	8	Silty sand, red brown, moist, grading to sand, fine to medium			
8	12	Sand, fine to medium grading to medium to coarse with gravel, red brown to lt. red brown, moist			
12	16	Sand, medium to coarse, lt. brown, with abundant gravel, moist			
16	18	Sand, medium to coarse, lt. brown, gravel, moist			
18	22	Sand, medium to coarse, gray, gravel, wet			
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) 4/16/09 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>.