

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: Sedgwick		NW ¹ / ₄ NE ¹ / ₄ NE ¹ / ₄		21	T 26 S	R 2 W																																																
Distance and direction from nearest town or city street address of well if located within city? 425 W Chicago, Colwich KS				Global Positioning System (decimal degrees, min. of 4 digits)																																																		
2 WATER WELL OWNER: KDHE RR#, St. Address, Box # : 1000 SW Jackson Ste 410 City, State, ZIP Code : Topeka, KS 66612-1367				Latitude: N 37.77895°																																																		
				Longitude: W 97.53960°																																																		
				Elevation: RIM: 1384.12; TOC: 1383.91																																																		
				Datum: above mean sea level																																																		
Data Collection Method: legal survey																																																						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 29.5 ft.																																																				
N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> <tr><td></td><td></td><td></td></tr> </table> S					NW		NE				SW		SE				MW6																																					
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		SW		SE																																																		
Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.																																																						
WELL'S STATIC WATER LEVEL 22.37 ft. below land surface measured on mo/day/yr 11/5/09																																																						
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																																																						
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:																																																						
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below)																																																
(2) PVC		4 ABS		7 Fiberglass																																																		
Blank casing diameter 2 in. to 14.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																																						
Casing height below land surface .21 ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____																																																						
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																						
1 Steel		3 Stainless steel		5 Fiberglass		(7) PVC																																																
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																																																
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut																																																
						10 Other (specify) _____																																																
SCREEN-PERFORATED INTERVALS: From 14.5 ft. to 29.5 ft. From _____ ft. to _____ ft.																																																						
GRAVEL PACK INTERVALS: From 13 ft. to 29.5 ft. From _____ ft. to _____ ft.																																																						
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GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																						
6 GROUT MATERIAL: 1 Neat cement (2) Cement grout (3) Bentonite (4) Other Concrete: 0-2 ft																																																						
Grout Intervals From 2 ft. to 11 ft. From 11 ft. to 13 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		(11) Fuel storage																																																
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage																																																
						13 Insecticide Storage																																																
						16 Other (specify below)																																																
Direction from well? N How many feet? ~150ft																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0.5</td> <td>Grass, topsoil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.5</td> <td>1</td> <td>Brown silty clay, some coarse sand, mod. plasticity</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>4</td> <td>Brown silty clay, low to mod. plasticity</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>9</td> <td>Red brown silt with clay, low plasticity</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9</td> <td>17</td> <td>Red brown very fine to fine sand with silt, trace clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>17</td> <td>30</td> <td>Tan fine to coarse sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="text-align: right;">Flushmount waiver from BOW</td> </tr> </tbody> </table>							FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	0	0.5	Grass, topsoil				0.5	1	Brown silty clay, some coarse sand, mod. plasticity				1	4	Brown silty clay, low to mod. plasticity				4	9	Red brown silt with clay, low plasticity				9	17	Red brown very fine to fine sand with silt, trace clay				17	30	Tan fine to coarse sand				Flushmount waiver from BOW					
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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) 11/5/09 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) 12/3/09 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																																																						