# WATER WELL RECORD Form WWC-5

Division of Water Resources: App. No.

**1 LOCATION OF WATER WELL:** County: **Sedgwick** | Fraction: **SE ¼ SE ¼ NE ¼** | Section Number: **31** | Township Number: T **27S** S | Range Number: R **3** W

Distance and direction from nearest town or city street address of well if located within city? 403 N. Sedgwick, Garden Plain

**Global Positioning System** (decimal degrees, min. of 4 digits)
Latitude: N 37.65651°
Longitude: W 97.68140°
Elevation: RIM: 1445.85 TOC: 1445.67
Datum: above mean sea level
Data Collection Method: legal survey

**2 WATER WELL OWNER: KDHE**
RR#, St. Address, Box # : 1000 SW Jackson
City, State, ZIP Code : Topeka, KS 66612

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

N / NW / NE / X / W / E / SW / SE / S

**4 DEPTH OF COMPLETED WELL** 16 ft.

**MW4**

Depth(s) Groundwater Encountered 1 ____ ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL **10.47** ft. below land surface measured on mo/day/yr **10/27/09**
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/yrs 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 **6** ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height below land surface **0.18** 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 **6** ft. to **16** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From **4** ft. to **16** ft. From ____ ft. to ____ ft.
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 **4** ft. From ____ ft. to ____ 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? **WNW** How many feet? **~30**

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|---|---|---|---|---|---|
| 0 | 3 | Grass, Topsoil: Silt w/ fine to coarse sand & clay, | | | |
| | | brown, moist | | | |
| 3 | 9 | Fine to coarse sand, red brown, w/ clay matrix, | | | |
| | | moist | | | |
| 9 | 16 | Fine to coarse sand, red brown, w/ clay matrix, 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) **10/27/09** 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) **12/21/09** 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.

KSA 82a-1212

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