

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: Rawlins		SW ¼ SE ¼ NW ¼		30		T 2 S R 32 W	
Distance and direction from nearest town or city street address of well if located within city? South side of Ludell, KS				Global Positioning System (decimal degrees, min. of 4 digits)			
				Latitude: N 39.85060°			
				Longitude: W 100.95678°			
				Elevation: RIM: 99.64 TOC: 99.17			
				Datum: Arbitrary reference elevation of 100.00'			
				Data Collection Method: legal survey			
2 WATER WELL OWNER: Atwood Equity		4 DEPTH OF COMPLETED WELL <u>35</u> ft.					
RR#, St. Address, Box # : N. Hwy 25, RR-2, Box 1-L		MWIR					
City, State, ZIP Code : Ludell, KS, 67744		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.					
3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:		WELL'S STATIC WATER LEVEL 21.72 ft. below land surface measured on mo/day/yr 6/10/08					
		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:		5 Wrought Iron		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____	
1 Steel		3 RMP (SR)		6 Asbestos-Cement		Welded _____	
2 PVC		4 ABS		7 Fiberglass		Threaded _____ X	
Blank casing diameter <u>2</u> in. to <u>15</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Casing height below land surface <u>0.47</u> 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 Guaze wrapped	
		2 Louvered shutter		4 Key punched		6 Wire wrapped	
		7 Torch cut		9 Drilled holes		11 None (open hole)	
		8 Saw Cut		10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS:		From <u>15</u> ft. to <u>35</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From <u>14</u> ft. to <u>35</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ 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 <u>2</u> ft. to <u>14</u> 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	
		2 Sewer lines		5 Cess pool		8 Sewage lagoon	
		3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
		10 Livestock pens		13 Insecticide Storage		16 Other (specify below)	
		11 Fuel storage		14 Abandoned water well			
		12 Fertilizer storage		15 Oil well/ gas well			
Direction from well? Northwest		How many feet? ~15					
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHOLOGIC LOG	
0	1	River rock gravel, coarse sand surface with brown silt, dry, no petroleum odor		23	25	Coarse sand, gray, poorly sorted, wet, petroleum odor	
3	5	Silt, brown, some clay, slightly moist, no odor		28	35	Fine sand, gray, poorly sorted, wet, petroleum odor	
8	10	Silt with fine sand, brown, little clay and medium grained sand, moist, no odor					
12	14	Sand, coarse, with few pebbles and silt, trace clay, moist, no odor					
18	20	Very coarse sand, poorly sorted, little clay, moist, petroleum odor				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) 6/10/08 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) 6/30/08 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.							