

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> Fraction		Section Number		Township Number		Range Number	
County: <b>Harper</b> <b>NE ¼    NW ¼    NE ¼</b>		<b>12</b>		<b>T    32    S</b>		<b>R    7    W</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>103 W. 14<sup>th</sup> St. Harper KS</b>				<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)			
				Latitude: <u>N 37.28279°</u>			
				Longitude: <u>W 98.02625°</u>			
<b>2 WATER WELL OWNER: KDHE</b>				Elevation: <u>RIM: 1420.26; TOC: 1420.01</u>			
RR#, St. Address, Box # : <b>1000 SW Jackson</b>				Datum: <u>WGS84</u>			
City, State, ZIP Code : <b>Topeka KS 66612</b>				Data Collection Method: <u>legal survey</u>			
<b>3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL 30.56 ft.</b>					
<div style="text-align: center;"> </div>		<b>MWSR</b>					
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.					
		WELL'S STATIC WATER LEVEL <b>25.15</b> ft. below land surface measured on mo/day/yr <b>10/18/12</b>					
		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) <b>10</b> Monitoring well					
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr					
		Sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>					
<b>5 TYPE OF CASING USED:</b>							
1 Steel		3 RMP (SR)		6 Asbestos-Cement		8 Concrete tile	
<b>2</b> PVC		4 ABS		7 Fiberglass		9 Other (specify below)	
Blank casing diameter <b>2</b> in. to <b>20.56</b> ft., Dia		_____ in. to _____ ft., Dia		_____ in. to _____ ft., Dia		CASING JOINTS: Glued _____ Clamped _____	
Casing height below land surface <b>0.25</b> ft., Weight _____ lbs./ft.		_____ lbs./ft.		_____ lbs./ft.		Welded _____ Threaded <b>X</b>	
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)	
9 ABS		10 Asbestos-Cement		11 Other (specify)		12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:							
1 Continuous slot		<b>3</b> Mill slot		5 Gauze wrapped		7 Torch cut	
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut	
9 Drilled holes		11 None (open hole)		10 Other (specify)		_____	
SCREEN-PERFORATED INTERVALS: From <b>20.56</b> ft. to <b>30.56</b> ft. From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From <b>18</b> ft. to <b>30.80</b> ft. From _____ ft. to _____ ft.							
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <b>3</b> Bentonite <b>4</b> Other <b>Concrete: 0-1 ft</b>							
Grout Intervals From <b>1</b> ft. to <b>18</b> 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon		<b>11</b> Fuel storage	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		13 Insecticide Storage	
						14 Abandoned water well	
						15 Oil well/ gas well	
						16 Other (specify below)	
Direction from well? <b>NE</b>				How many feet? <b>~20ft</b>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS		
0	0.3	Asphalt					
0.3	10	Brown hard, silty clay				<b>RECEIVED</b>	
10	30.80	Brown fine sandy clay				<b>NOV 27 2012</b>	
						<b>BUREAU OF WATER</b>	
						<b>Flushmount waiver from BOW</b>	
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>1</b> constructed, <b>2</b> reconstructed, or <b>3</b> plugged under my jurisdiction and was completed on (mo/day/year) <b>10/24/12</b> and this record is true to the best of my knowledge and belief.							
Kansas Water Well Contractor's License No. <b>757</b> This Water Well Record was completed on (mo/day/year) <b>11/5/12</b>							
under the business name of <b>Larsen &amp; Associates, Inc.</b> by (signature) _____							
<b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell">http://www.kdheks.gov/waterwell</a> .							