

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources: App. No. \_\_\_\_\_

<b>1 LOCATION OF WATER WELL:</b>	Fraction Country: <b>Harper</b> NW ¼    NW ¼    SW ¼	Section Number <b>25</b>	Township Number T <b>33</b> S	Range Number R <b>7</b> W
Distance and direction from nearest town or city street address of well if located within city? <b>711 S. Lawrence, Anthony, KS 67003</b>		<b>Global Positioning System</b> (decimal degrees, min. of 4 digits) Latitude: <b>N 37.14383°</b> Longitude: <b>W 98.03836°</b> Elevation: <b>1321.27 pin/ 1320.86 toc</b> Datum: _____ Data Collection Method: <b>legal survey</b>		
<b>2 WATER WELL OWNER:</b> <b>Harper County Shop</b> RR#, St. Address, Box # : <b>711 S. Lawrence</b> City, State, ZIP Code : <b>Anthony, KS 67003</b>				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL</b> <u>30.5</u> ft.		
	<b>MW4R</b>		
	Depth(s) Groundwater Encountered <u>1</u> ft. 2 _____ ft. 3 _____ ft.		
	WELL'S STATIC WATER LEVEL <u>13.89</u> ft. below land surface measured on mo/day/yr <u>4/12/07</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: 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) <u>10</u> Monitoring well		
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr _____ Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>			

<b>5 TYPE OF CASING USED:</b>		5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____	
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____	
<u>2</u> PVC	4 ABS	7 Fiberglass		Threaded _____	<u>X</u>
Blank casing diameter <u>2</u> in. to <u>30.5</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height below land surface <u>0.41</u> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____			
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>					
1 Steel	3 Stainless steel	5 Fiberglass	<u>7</u> 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)
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>					
1 Continuous slot	<u>3</u> Mill slot	5 Guaze 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) _____	
<b>SCREEN-PERFORATED INTERVALS:</b> From <u>10.5</u> ft. to <u>30.5</u> ft. From _____ ft. to _____ ft.					
<b>GRAVEL PACK INTERVALS:</b> From <u>9</u> ft. to <u>30</u> ft. From _____ ft. to _____ ft.					

<b>6 GROUT MATERIAL:</b>		1 Neat cement	2 Cement grout	<u>3</u> Bentonite	<u>4</u> Other cement, 0-2 ft
Grout Intervals From <u>2</u> ft. to <u>9</u> 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	<u>11</u> 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? _____		How many feet? _____			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Gravel/ Fill			
3	5	Silty clay, gray, slight petro odor, moist			
8	10	Silty clay, dark gray, moist, slight petro odor			
13	15	Silty clay, dark gray, moist, slight petro odor			
18	20	No hard zone, silty clay, dark gray, moist, slight petro odor			
	30.5	Thick product			Flushmount waiver by D. Taylor

**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) 4/12/07 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) 5/9/07 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 785-296-3522. 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>.