

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b>	Fraction County: <b>Sumner</b> <b>SE</b> ¼ <b>SW</b> ¼ <b>NE</b> ¼	Section Number <b>2</b>	Township Number T <b>35</b> S	Range Number R <b>3</b> W
Distance and direction from nearest town or city street address of well if located within city: <b>14 N Main St., Caldwell KS 67022</b>		<b>Global Positioning System</b> (decimal degrees, min. of 4 digits) Latitude: <b>N 37.03299°</b> Longitude: <b>W 97.60641°</b> Elevation: <b>RIM: 1135.40; TOC: 1135.00</b> Datum: <b>WGS84</b> Data Collection Method: <b>legal survey</b>		
<b>2 WATER WELL OWNER: KDHE</b> RR#, St. Address, Box # : <b>1000 SW Jackson Blvd</b> City, State, ZIP Code : <b>Topeka, KS 66612</b>				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL 29.40 ft.</b>
	<p style="text-align: center;"><b>MW20</b></p> <p>Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.</p> <p>WELL'S STATIC WATER LEVEL <b>23.13</b> ft. below land surface measured on mo/day/yr <b>5/6/14</b></p> <p>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well</p> <p>1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)</p> <p>2 Irrigation 4 Industrial 7 Domestic (lawn &amp; garden) <b>10</b> Monitoring well</p> <p>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></p>

<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 _____	
<b>2</b> PVC		4 ABS		7 Fiberglass				Threaded <b>X</b>	
Blank casing diameter <b>2</b> in. to <b>14.40</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height below land surface <b>0.40</b> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____							
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>									
1 Steel		3 Stainless steel		5 Fiberglass		<b>7</b> PVC		9 ABS	
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)		10 Asbestos-Cement	
								11 Other (specify) _____	
								12 None used (open hole)	
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>									
1 Continuous slot		<b>3</b> Mill slot		5 Gauze wrapped		7 Torch cut		9 Drilled holes	
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut		10 Other (specify) _____	
								11 None (open hole)	
<b>SCREEN-PERFORATED INTERVALS:</b>									
		From <b>14.40</b> ft. to <b>29.40</b> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
<b>GRAVEL PACK INTERVALS:</b>									
		From <b>13</b> ft. to <b>29.85</b> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	

<b>6 GROUT MATERIAL:</b>				1 Neat cement		2 Cement grout		<b>3</b> Bentonite		<b>4</b> Other Concrete: <b>0-1'</b>	
Grout Intervals From <b>1</b> ft. to <b>13</b> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ 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		<b>11</b> 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? <b>SE</b>				How many feet? <b>~90'</b>							

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	8	Brown silty clay			
8	15	Fine brown sand			
15	25	Brown silty clay			
25	29.85	Hard clay or shale			
					<b>Flushmount waiver from BOW</b>

**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) **5/6/14** 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) **6/2/14** 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>.