

**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>Republic</b>	<b>SW ¼ NE ¼ NE ¼</b>	<b>17</b>	<b>T 3 S</b>	<b>R 4 W</b>

Distance and direction from nearest town or city street address of well if located within city? **4<sup>th</sup> and Washington, Scandia, KS** **Global Positioning System** (decimal degrees, min. of 4 digits)  
 Latitude: **N 39.79478°**  
 Longitude: **W 97.78556°**  
 Elevation: **1417.94 pin/ 1417.59 toc**  
 Datum: **above mean sea level**  
 Data Collection Method: **legal survey**

**2 WATER WELL OWNER: Christensen Oil Company**  
 RR#, St. Address, Box # : **PO Box 455**  
 City, State, ZIP Code : **Concordia, KS 66901**

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL 21.5 ft.</b>
	<p style="text-align:center;"><b>MW14</b></p> Depth(s) Groundwater Encountered <b>1</b> ft. <b>2</b> ft. <b>3</b> ft. WELL'S STATIC WATER LEVEL <b>11.40</b> ft. below land surface measured on mo/day/yr <b>9/27/07</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 Monitoring well</b> 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>

**5 TYPE OF CASING USED:**

1 Steel	3 RMP (SR)	6 Asbestos-Cement	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<b>2 PVC</b>	4 ABS	7 Fiberglass	9 Other (specify below) _____	Welded _____ Threaded <b>X</b>

Blank casing diameter **2** in. to **6.5** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height below land surface **0.35** ft., Weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless steel	5 Fiberglass	<b>7 PVC</b>	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	<b>3 Mill slot</b>	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 **6.5** ft. to **21.5** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
**GRAVEL PACK INTERVALS:** From **5.5** ft. to **23** 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 cement, 0-2 ft.**

Grout Intervals From **2** ft. to **5.5** 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 Fuel storage</b>	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	Sandy topsoil, no petroleum odor			
3	5	Silty sand, gray to gray-brown, no petroleum odor, moist			
8	10	Silty sand, trace clay, gray-brown, no petroleum odor, moist			
13	15	Sand, medium grained, well sorted, gray, moist to wet at ~14', no petroleum odor			
23		Lost 1.5', heavy sand			
<b>Flushmount waiver by D. Taylor</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) **9/27/07** 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) **10/11/07** 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 785-296-5522. 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>.