

**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>Mitchell</b>	<b>SW ¼ SE ¼ SE ¼</b>	<b>21</b>	<b>T 6 S</b>	<b>R 10 W</b>

Distance and direction from nearest town or city street address of well if located within city? **Global Positioning System** (decimal degrees, min. of 4 digits)  
 Latitude: N 39.51011  
 Longitude: W 98.43608  
**1005 Wisconsin, Cawker City, KS**  
 Elevation: 1482.84 rim / 1482.53 TOC  
 Datum: above mean sea level  
 Data Collection Method: legal survey

**2 WATER WELL OWNER: KDHE T&M (Fraziers Service)**  
 RR#, St. Address, Box # : 1000 SW Jackson  
 City, State, ZIP Code : Topeka KS 66612

<b>3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL 25</b> _____ <b>ft.</b>
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. <b>MW9R</b> WELL'S STATIC WATER LEVEL <u>21.46</u> ft. below land surface measured on mo/day/yr _____ 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>

**5 TYPE OF CASING USED:** 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
**2** PVC 4 ABS 7 Fiberglass \_\_\_\_\_ Threaded **X**  
 Blank casing diameter 2 in. to 15 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height below land surface 0.31 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 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 15 ft. to 25 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
**GRAVEL PACK INTERVALS:** From 14 ft. to 25 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 2 ft. to 14 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)  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon **11** Fuel storage 14 Abandoned water well below)  
 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	Grass, topsoil, gray-brown silty clay, moderate plasticity, moist, no odor			
3	5	Light brown silty clay, mod plasticity, moist, no odor			
8	10	Light gray-brown silty clay, mod plasticity, moist, no odor			
12	14	Brown silty clay, mod plasticity, no odor			
16	18	Brown silty clay, mod plasticity, no odor			
23	25	Light brown sand, poorly sorted with pebbles, wet, no 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) 5/6/08 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) 6/9/08 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>.