

**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 39.51036°  
 Longitude: W 98.43572°

**1005 Wisconsin, Cawker City, KS**  
**2 WATER WELL OWNER: KDHE T&M (Fraziers Service)**  
 RR#, St. Address, Box # : 1000 SW Jackson  
 City, State, ZIP Code : Topeka KS 66612  
 Elevation: 1482.73 rim / 1482.42 toc  
 Datum: above mean sea level  
 Data Collection Method: legal survey

**3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:**

N	
NW	NE
SW	SE
S	

W E X

**4 DEPTH OF COMPLETED WELL 25** \_\_\_\_\_ ft.  
**MW15**

Depth(s) Groundwater Encountered 1 \_\_\_\_\_ ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL 21.30 ft. below land surface measured on mo/day/yr 5/7/08

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) **10** Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **X** ; If yes, mo/day/yr  
 Sample was submitted \_\_\_\_\_ Water Well Disinfected? Yes \_\_\_\_\_ No **X**

**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, dark brown clayey silt, moist			
3	5	Lt brown silty clay, mod plasticity, moist			
8	10	Brown silty clay, mod plasticity, moist			
12	14	Brown silty clay, mod plasticity, moist			
16	18	Light brown fine sand w clay and silt			
23	25	Light brown sand, poorly sorted w pebbles, wet, no odor			
					<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) 5/7/08 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>.