

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No.

1 LOCATION OF WATER WELL: Fraction <u>NW 1/4 SW 1/4 NW 1/4</u>		Section Number <u>27</u>	Township Number <u>T 6 S</u>	Range Number <u>R 11 W</u>	
County: <u>Osborne</u>		Global Positioning System (decimal degrees, min. of 4 digits)			
Distance and direction from nearest town or city street address of well if located within city? <u>919 Morgan St., Downs, KS</u>		Latitude: <u>N 39.50467 °</u>			
2 WATER WELL OWNER: <u>Bob's Inc.</u>		Longitude: <u>W 98.54393 °</u>			
RR#, St. Address, Box # : <u>268 W Hwy 24</u>		Elevation: <u>RIM: 1483.59; TOC: 1483.35</u>			
City, State, ZIP Code : <u>Downs, KS 67437</u>		Datum: <u>above mean sea level</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		Data Collection Method: <u>legal survey</u>			
<div style="text-align: center;"> </div>		4 DEPTH OF COMPLETED WELL <u>34</u> ft.			
		MW5			
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.		WELL'S STATIC WATER LEVEL <u>26.14</u> ft. below land surface measured on mo/day/yr <u>5/20/09</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) Monitoring well</u>		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr Sample was submitted _____			
5 TYPE OF CASING USED:		CASING JOINTS: Glued _____ Clamped _____			
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____		Welded _____ Threaded <u>X</u>			
<u>(2) PVC</u> 4 ABS 7 Fiberglass		Blank casing diameter <u>2</u> in. to <u>19</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			
Casing height below land surface <u>0.24</u> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____		TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel 3 Stainless steel 5 Fiberglass <u>(7) PVC</u> 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 <u>(3) Mill slot</u> 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 <u>19</u> ft. to <u>34</u> ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>18</u> ft. to <u>34</u> ft. From _____ ft. to _____ ft.		From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>(3) Bentonite</u> <u>(4) Other Concrete: 0-2</u>		Grout Intervals From <u>2</u> ft. to <u>18</u> 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 <u>(11) Fuel storage</u> 14 Abandoned water well		3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well			
Direction from well? <u>South</u>		How many feet? <u>~30ft</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Concrete	30	35	Brown fine to coarse grained sand, some clay, wet
1	5	Dark brown silty clay, little fine gravel, moderate plasticity, moist			
5	20	Brown clayey silt, low to moderate plasticity, moist			
20	25	Brown clayey silt, some very fine sand, low to moderate plasticity, moist			
25	30	Brown fine to medium grained sand, some clay, wet			
					Flushmount waiver from BOW
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5/19/09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>7/28/09</u> under the business name of <u>Larsen & Associates, Inc.</u> 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 .					