

## WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. 00361576

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number		Township Number	Range Number	
County: <b>Cloud</b>		<b>SW</b> $\frac{1}{4}$ <b>SE</b> $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$	<b>10</b>		T <b>07</b> S	R <b>02</b> W	
Distance and direction from nearest town or city street address of well if located within city? <b>Southwest corner of intersection Kansas Ave. and Second St., Aurora</b>							
<b>2 WATER WELL OWNER:</b>		<b>KDHE</b>					
RR#, St. Address, Box # :		<b>1000 SW Jackson Suite 410</b>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code :		<b>Topeka, KS 66612</b>				Application Number:	
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL</b> <b>25</b> ft. ELEVATION: <b>92.50 (TOC)</b>					
<p>A vertical scale bar indicates 1 Mile.</p>		Depth(s) Groundwater Encountered    1 <b>20</b> ft.    2         _____ ft.    3         _____ ft.					
		WELL'S STATIC WATER LEVEL <b>18.45</b> ft. below land surface measured on mo/day/yr <b>05/16/07</b>					
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm					
		Bore Hole Diameter <b>8.5</b> in. to <b>25</b> ft. and _____ in. to _____ ft. 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 Lawn and garden (domestic) <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>							
<b>5 TYPE OF BLANK 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 PVC</b>		4 ABS		7 Fiberglass		<b>Threaded Flush</b>	
Blank casing diameter <b>2</b> in. to <b>10</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Casing height above land surface <b>Flushmount</b> in., weight <b>0.703</b> lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>							
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel                  3 Stainless steel                  5 Fiberglass                  8 RMP (SR)                  11 Other (specify) _____ 2 Brass                  4 Galvanized steel                  6 Concrete tile                  9 ABS                  12 None used (open hole) _____							
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <b>3 Mill slot</b> 6 Wire wrapped                  8 Saw cut                  11 None (open hole) _____ 2 Louvered shutter                  4 Key punched                  7 Torch cut                  10 Other (specify) _____							
SCREEN-PERFORATED INTERVALS: From _____ <b>10</b> _____ ft. to _____ <b>25</b> _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ <b>8</b> _____ ft. to _____ <b>25</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 Bentonite</b> 4 Other _____	
Grout Intervals From _____ <b>1.5</b> _____ ft. to _____ <b>8</b> _____ 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                  14 Abandoned water well 2 Sewer lines                  5 Cess pool                  8 Sewage lagoon                  11 Fuel storage                  15 Oil well/ Gas well 3 Watertight sewer lines                  6 Seepage pit                  9 Feedyard                  12 Fertilizer storage                  16 Other (specify below) _____ 13 Insecticide storage							
Direction from well? _____ How many feet?							
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
<b>0</b>	<b>10</b>	<b>CL</b>	<b>Clay, with silt, dark brown to red-brown</b>				
<b>10</b>	<b>20</b>	<b>SP</b>	<b>Sand, with clay, light brown</b>				
<b>20</b>	<b>25</b>	<b>CL</b>	<b>Clay, with sand, yellow-orange</b>				
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>08/06/07</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>08/06/07</b> under the business name of <b>Geotechnical Services, Inc.</b> by (signature) _____							
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S.W. Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.							