

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Waukegan</u>	Fraction <u>SW 1/4 SW 1/4 NE 1/4</u>	Section Number <u>24</u>	Township Number <u>T 10 S</u>	Range Number <u>R 23 E/W</u>
Distance and direction from nearest town or city street address of well if located within city?		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: <u>39° 09' 50.3"</u> Longitude: <u>94° 47' 30.2"</u> Elevation: _____ Datum: _____ Data Collection Method: <u>Site GPS</u>		

**2 WATER WELL OWNER:** John Jambrosic Jr.  
RR#, St. Address, Box # : 4220 North 93rd Ln.  
City, State, ZIP Code : Kansas City KS 66109

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>280</u> ..... ft.
	Depth(s) Groundwater Encountered (1) <u>250</u> ft. (2)..... ft. (3)..... ft.
	WELL'S STATIC WATER LEVEL..... <u>148.3</u> ft. below land surface measured on mo/day/yr.....
	Pump test data: Well water was.....ft. after..... hours pumping..... gpm
	Est. Yield. <u>± 2</u> 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	
<input checked="" type="checkbox"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input type="checkbox"/> Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well	
Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> .....; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> ..... No .....	

**5 TYPE OF CASING USED:**

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	CASING JOINTS: Glued..... Clamped.....
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 7 Fiberglass		Welded <input checked="" type="checkbox"/> .....
				Threaded.....

Blank casing diameter ..... 6 5/8 in. to ..... 240 ft., Diameter. 6 5/8 in. to 280 ft., Diameter ..... in. to ..... ft.  
Casing height above land surface..... 18 in., Weight ..... 11 lbs./ft. Wall thickness or guage No. 3/16

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless Steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 7 PVC	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 11 Other (Specify) .....
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized Steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RM (SR)	<input type="checkbox"/> 10 Asbestos-Cement	<input type="checkbox"/> 12 None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**

<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 9 Drilled holes	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input checked="" type="checkbox"/> 8 Saw Cut	<input type="checkbox"/> 10 Other (specify) .....	

**SCREEN-PERFORATED INTERVALS:** From..... 240 ft. to ..... 280 ft., From ..... ft. to ..... ft.  
From..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From..... 80 ft. to ..... 280 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 .....

Grout Intervals: From ..... 0 ft. to ..... 80 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 13 Insecticide Storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer Storage	<input type="checkbox"/> 15 Oil well/gas well	

Direction from well? ..... North ..... How many feet? ..... 100 .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>70</u>	<u>sandy clay</u>			
<u>70</u>	<u>200</u>	<u>shale</u>			
<u>200</u>	<u>213</u>	<u>limestone</u>			
<u>213</u>	<u>250</u>	<u>shale</u>			
<u>250</u>	<u>253</u>	<u>slate</u>			
<u>253</u>	<u>280</u>	<u>shale</u>			

**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) ... 4/1/08 ... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 595 ..... This Water Well Record was completed on (mo/day/year) ... 6/16/08 ..... under the business name of Jesse Yeakum Well Drilling by (signature) Jesse Yeakum

**INSTRUCTIONS:** Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline 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/index.html>.