

## 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: Leavenworth		NE ¼ SE ¼ SW ¼		1	T 10 S	R 23 <b>E/W</b>
Distance and direction from nearest town or city street address of well if located within city? 1.2 miles North of intersection of Wolcott Dr. and Hutton Road.				<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)		
<b>2 WATER WELL OWNER: Water District No. 1 of Johnson County</b> RR#, St. Address, Box # : 7601 Holliday Drive City, State, ZIP Code : Kansas City, Kansas				Latitude: 39.2051		
				Longitude: 94.8019		
				Elevation: 752		
				Datum:		
				Data Collection Method: handheld GPS		

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

N	
--NW--	--NE--
	X
--SW--	--SE--
S	

**4 DEPTH OF COMPLETED WELL** ..... 94 ..... ft.

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

WELL'S STATIC WATER LEVEL ..... 6 ft. below land surface measured on mo/day/yr 6/3/2008

Pump test data: Well water was ..... 21 ..... ft. after ..... 72 ..... hours pumping ..... 15,300 ..... gpm

Est. Yield 15,300 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 Feedlot 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 .....; If yes, mo/day/yr

Sample was submitted ..... Water well disinfected? Yes ..... No .....

**5 TYPE OF CASING USED:**

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued ..... Clamped .....
2 PVC	4 ABS	7 Fiberglass	Poured Concrete .....	Welded .....
				Threaded .....

Blank casing diameter ..... 300 ..... in. to ..... 89 ..... ft., Diameter ..... 306 ..... in. to ..... 94 ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface ..... 210 ..... in., Weight ..... 26,507 ..... lbs./ft. Wall thickness or gauge No. .... 30" .....

**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 Gauzed 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 ..... 85 ..... ft. to ..... 85 ..... ft., From ..... 2000 feet of 12" laterals. .... ft.

(Drawing Attached) From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... ft. to ..... 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 .....

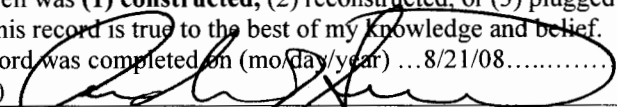
Grout Intervals: From ..... 0 ..... ft. to ..... 5 ..... ft., From ..... 5 ..... ft. to ..... 80 ..... ft., From ..... ft. to ..... ft.

**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	11 Fuel storage	14 Abandoned water well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/gas well	...None.....

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	Brown, Sand and Silt			
6	15	Brown, Fine to Medium Sand			
15	24	Gray, Fine to Medium Sand			
24	25	Gray, Sandy Silt			
25	53	Gray, Fine to Medium Sand, trace gravel			
53	64	Gray, Medium to Coarse Sand, trace gravel			
64	84	Gray, Med to Coarse Sand, 20-40% fine gravel			
84	94	Gray, 20-40% Sand, 60-80% Gravel			
94	---	Bedrock - limestone			

**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) ... 7/25/08 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... 696 ..... This Water Well Record was completed on (mo/day/year) ... 8/21/08 ..... under the business name of **Ranney Collector Wells** by (signature) 

**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>.