

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Wyandotte	Fraction SE ¼ SW ¼ SW ¼	Section Number 28	Township Number T 10 S	Range Number R 24 E
Distance and direction from nearest town or city street address of well if located within city? 7340 Leavenworth Rd., Kansas City, KS		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>39.08 37</u> Longitude: <u>95.44 55</u> Elevation: <u>TOC: 1028.23; RIM: 1028.83</u> Datum: <u>NAVD88</u> Data Collection Method: <u>legal survey</u>		
2 WATER WELL OWNER: Washington High School, USD 500 RR#, St. Address, Box # : 313 N 10th St. City, State, ZIP Code : Kansas City, KS 66102-5239				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>65</u> ft.
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL <u>37.25</u> ft. below land surface measured on mo/day/yr <u>6/21/11</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) <input checked="" type="radio"/> 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 _____ No <input checked="" type="checkbox"/>	

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 _____
<input checked="" type="radio"/> 2 PVC 4 ABS 7 Fiberglass		Threaded <input checked="" type="checkbox"/>
Blank casing diameter <u>2</u> in. to <u>30</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		
Casing height below land surface <u>0.60</u> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____		
TYPE OF SCREEN OR PERFORATION MATERIAL:		
1 Steel 3 Stainless steel 5 Fiberglass <input checked="" type="radio"/> 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 <input checked="" type="radio"/> 3 Mill slot 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>30</u> ft. to <u>65</u> ft. From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From <u>28</u> ft. to <u>65</u> ft. From _____ ft. to _____ ft.		

6 GROUT MATERIAL:	1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite <input checked="" type="radio"/> 4 Other Concrete: 0-1 feet	Grout Intervals From <u>1</u> ft. to <u>28</u> 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 <input checked="" type="radio"/> 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? <u>NE</u> How many feet? <u>~190 ft</u>		

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	10	Grass; brown silty clay			
10	30	Brown silty clay			
30	53.5	Light brown silty clay			
53.5	65	Limestone			
					Flushmount waiver from BOW

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 6/14/11 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) 7/19/11 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>.