

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: 39-08-38 Longitude: 95-44-56 Elevation: TOC: 1029.69; RIM: 1030.11 Datum: NAVD88 Data Collection Method: legal survey		
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 65 ft.
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 36.85 ft. below land surface measured on mo/day/yr 6/21/11 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) 10 Monitoring well
	Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes _____ No X

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) _____
2 PVC	4 ABS	7 Fiberglass	Welded _____
Blank casing diameter 2 in. to 35 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	Casing height below land surface 0.42 ft., Weight _____ lbs./ft.	Wall thickness or gauge No. _____	Threaded X
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	7 PVC
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)
9 ABS	11 Other (specify) _____	10 Asbestos-Cement	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:			
1 Continuous slot	3 Mill slot	5 Gauze wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut
9 Drilled holes	11 None (open hole)	10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:			
From 35 ft. to 65 ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:			
From 33 ft. to 65 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 Concrete: 0-1 feet**

Grout Intervals From **1** ft. to **33** 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 **11 Fuel storage** 14 Abandoned water well

3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well

Direction from well? **SE** How many feet? **~255 ft**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	0.5	Asphalt	60	65	Limestone
0.5	5	Brown silty clay with iron staining			
5	10	Brown to gray-brown silty clay with iron staining			
10	15	Gray silty clay with iron staining, abundant silt			
15	20	Gray silt with iron staining and trace fine sand and clay			
20	30	Gray silty clay with iron staining, abundant silt			
30	40	Gray-brown silty clay with iron staining, less silt			Flushmount waiver from BOW
40	60	Tan clay			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **2** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **6/16/11** 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>.