

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>WYANDOTTE</u>	Fraction <u>SW 1/4 NW 1/4 SW 1/4</u>	Section Number <u>27</u>	Township Number <u>T 10 S</u>	Range Number <u>R 25 E/W</u>
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Distance and direction from nearest town or city street address of well if located within city?  
3126 BRUNNERHOFF RD, KANSAS CITY, KS 66115

**Global Positioning Systems** (decimal degrees, min. of 4 digits)  
Latitude: \_\_\_\_\_  
Longitude: \_\_\_\_\_

**2 WATER WELL OWNER:** JEANNE CERAZIK  
RR#, St. Address, Box # : UNION CARBIDE CORP., ANTIHILL OWNED  
City, State, ZIP Code : SUBSIDIARY OF THE DUW CHEMICAL CO.,  
3200 I 3300 KANAWHA TURNPIKE  
SOUTH CHARLESTON, WV 25303

Elevation: ~745 ft amsl  
Datum: GROUND SURFACE  
Data Collection Method: \_\_\_\_\_

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

N

W	--NW--	--NE--	E
	X SW	--SE--	
	S		

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

Depth(s) Groundwater Encountered (1).....27' ft. (2)..... ft. (3)..... ft.  
WELL'S STATIC WATER LEVEL.....26.16 ft. below land surface measured on mo/day/yr. 12/11/06  
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 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below)  
2 Irrigation    4 Industrial    7 Domestic (lawn & garden)  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)    Welded.....  
 PVC    4 ABS    7 Fiberglass    .....    Threaded X

Blank casing diameter .....2 in. to .....45 ft., Diameter. .... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface.....FLUSH in., Weight ..... lbs./ft.    Wall thickness or gauge No. ....5ch 40

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
1 Steel    3 Stainless Steel    5 Fiberglass     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     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.....55 ft. to .....45 ft., From ..... ft. to ..... ft.  
From..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From.....55 ft. to .....41 ft., From ..... ft. to ..... ft.  
From..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:**    1 Neat cement    2 Cement grout     Bentonite    4 Other .....  
Grout Intervals:    From.....41 ft. to .....1 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? ..... How many feet? .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>20</u>	<u>Silt + Silty Clay Gray</u>			
<u>20</u>	<u>55</u>	<u>BRN Sand</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) 12-5-06 and this record is true to the best of my knowledge and belief.  
Kansas Water Well Contractor's License No. 704 ..... This Water Well Record was completed on (mo/day/year) .....  
under the business name of maxs by (signature) David D... ..

**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>.