

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.

<b>1 LOCATION OF WATER WELL:</b>	Fraction County: <b>Wyandotte</b> SW ¼    SW ¼    NE ¼	Section Number <b>28</b>	Township Number T <b>10</b> S	Range Number R <b>25</b> E
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Distance and direction from nearest town or city street address of well if located within city? **Global Positioning System** (decimal degrees, min. of 4 digits)

**900 Kindelberger Rd., Kansas City, KS**

**2 WATER WELL OWNER:** **Bennett-Rogers Pipe Coating, Inc**  
 RR#, St. Address, Box # : 900 Kindelberger Rd.  
 City, State, ZIP Code : Kansas City, KS 66115

Latitude: **N 39.15042°**  
 Longitude: **W 94.62918°**  
 Elevation: **RIM: 745.75; TOC: 745.47**  
 Datum: **NAVD88**  
 Data Collection Method: **legal survey**

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

N

NW	X	NE
SW		SE

S

**4 DEPTH OF COMPLETED WELL 28.5** ft.

**MW8**

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

WELL'S STATIC WATER LEVEL **23.06** ft. below land surface measured on mo/day/yr **1/31/11**

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:**

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
<b>2 PVC</b>	4 ABS	7 Fiberglass		Welded _____
				Threaded <b>X</b>

Blank casing diameter **2** in. to **13.5** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height below land surface **0.28** ft., Weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	<b>7 PVC</b>	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	<b>3 Mill slot</b>	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 **13.5** ft. to **28.5** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **11** ft. to **29** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout **3 Bentonite** **4 Other Concrete: 0-1 ft**

Grout Intervals From **1** ft. to **11** 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	<b>11 Fuel storage</b>	14 Abandoned water well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/ gas well	

Direction from well? **South** How many feet? **~100 ft**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Asphalt			
0.5	4	Gray clayey silt			
4	8	Gray silt with trace clay			
8	12	Gray silt with fine sand			
12	16	Gray silt with increasing fine sand			
16	20	Gray fine sand			
20	24	Gray medium to coarse sand			
24	29	Coarse sand, some gravel			
					<b>Flushmount waiver from BOW</b>

**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) **1/27/11** 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) **2/21/11** 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 785-296-5322. 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>.