

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. 6P-8

1 LOCATION OF WATER WELL:
 County: SHAWNEE Fraction NE 1/4 SW 1/4 SW 1/4 Section Number 31 Township Number T 11 S Range Number R 15 EW
 Distance and direction from nearest town or city street address of well if located within city? LANDFILL OFF OF INDIAN HILLS Road ON THE WEST SIDE OF PARKWAY 15. **Global Positioning Systems** (decimal degrees, min. of 4 digits)
 Latitude: 39 02 38.02
 Longitude: 95 47 22.99
2 WATER WELL OWNER: Waste Management, Brian Allen
 RR#, St. Address, Box #: 720 E. BUTTERFIELD RD
 City, State, ZIP Code: LOMBARD, IL 60148
 Elevation: _____ Datum: _____ Data Collection Method: _____

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

	NW	NE	
W			E
	SW	SE	
			S

4 DEPTH OF COMPLETED WELL 37 ft.
 Depth(s) Groundwater Encountered (1).....31..... ft. (2)..... _____ ft. (3)..... _____ ft.
 WELL'S STATIC WATER LEVEL..... _____ ft. below land surface measured on mo/day/yr..... _____
 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) 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 2 PVC 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued..... Clamped..... Welded..... Threaded X
 Blank casing diameter 4 in. to 11.9 ft., Diameter. _____ in. to _____ ft., Diameter in. to _____ ft.
 Casing height above land surface..... 30 in., Weight lbs./ft. Wall thickness or guage No. SCH 40
 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 MH 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..... 11.9 ft. to 36.9 ft., From _____ ft. to _____ ft.
 From..... _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From..... 10 ft. to 37 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 3 ft. to 10 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 CONTAMINATED STATE
 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
0	3	CLAYY SILT, BROWN			
3	8	SILTY CLAY TAN			
8	9	SHALE, BROWN			
9	14	LIMESTONE			
14	19	SHALE, GRAY			
19	29	SHALE, LIGHT GRAY			
29	31	SANDY SHALE, GRAY			
31	37	SANDSTONE, GRAY TO TAN			
		SHALE @ 37			

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) 6/24/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 760. This Water Well Record was completed on (mo/day/year) 7/10/09 under the business name of Associated Drilling Inc by (signature) [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>.