WATE	R WELL	RECORD	Form	WWC-	. 5 r	Division of Wa	ater Reso	ources; App. No.		
1 LOCATION OF WATER WELL:				NE 1/	NIW 1/	Section N	umber	Township Number	Range Number	
Distance a	and direction	n from nearest town	or city street	address of	of well if	Global Pos	itioning	g System (decimal de	R 22E E/W	
County: Leavenworth NE 1/4 NE 1/4 NW 1/4 2 T 11S S R 22E E/W 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) Latitude: N 39°07'41.7"										
15409 Parallel, Basehor KS Longitude: W 94°56′14.0" 2 WATER WELL OWNER: Evelyn Hodge c/o Bill Green Elevation: 960.25 toc/960.50 pin										
2 WATI	ER WELL	OWNER: Evelyn Box# : 8404 W	Hodge c/o E	Bill Green	1	Elevation Datum:	: <u>960.2</u>	25 toc/960.50 pin		
							ection N	Method: legal survey	V	
City, State, ZIP Code : Overland Park, KS 66210 Data Collection Method: legal survey 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 30 ft.										
1	LOCATON MW4									
	WITH AN "X" IN Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.									
WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. WELL'S STATIC WATER LEVEL 28.73 ft. below land surface measured on mo/day/yr 8/30/06										
N Pump test data: Well water was ft. after hours pumping gpm										
Pump test data: Well water was ft. after hours pumping gpm Est. Yield gpm: Well water was ft. after hours pumping gpm										
NW - NE - WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well										
Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)										
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs										
S 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 Ste	1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded									
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 30 ft., Dia in. to ft., Dia in. to ft.										
Blank casing diameter 2 in. to 30 ft., Dia in. to ft., Dia in. to ft.										
Casing neight above land surface of lin., weight los./it. wall thickness of gauge No.										
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) Mill slot 5 Guaza wranned 7 Torch cut 0 Drilled holes 11 None (onen hole)										
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 15 ft. to 30 ft. From ft. to ft.										
SCREEN.	PERFORA	TED INTERVALS:	From	15	ft. to _	30	tt. Fr	om tt.	to ft.	
C.D.	ANTI DA	OK DITEDUAL O	From		It. to		nt. Fr	omft.	to ft.	
GR	AVELPA	CK INTERVALS:	From	13	π. το -	30	. n. rr	om π.	to ft.	
From ft. to ft. From ft. to ft.										
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other cement, 0-2' Grout Intervals From 2 ft. to 13 ft. From ft. to ft. From ft. to ft.										
Grout Intervals From 2 ft. to 13 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										
2 Sewer lines 5 Cess pool 8 Sewage lagoon (1) Fuel storage 14 Abandoned water well below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well										
	from well?	ci inies o seepage p	n 9 reedya	uu	How ma	_	15 OII	well gas well		
		I ITTIO	0010100					DI LICCDIC DI	CEDALA C	
FROM 0	TO 1	Gravel	LOGIC LOG		FRO	M TO		PLUGGING INT	ERVALS	
3	5	Clay w/ silt, light b	rown damn	slightly				TEC.	CIVED	
		soft to firm, rust no		, sugntry					0.0	
8	10	Clay w/silt, very st		wn/grey					2 0 2006	
		mottled, oxidation								
13	15	Clay w/silt, very st						BUREAU	JOFWATER	
18	20	Sand, fine to med	grained, red	brown,					, , , , , , , , , , , , , , , , , , , ,	
23	25	moist, soft Gravel at depth					Fluchs	nount waiver by D.	Taylor	
	30	Refusal/Bedrock, 7	r D		-		1 lusiiii	nount waiver by D.	Layioi	
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) 8/28/06 and this record is true to the best of my knowledge and belief.										
		ntractor's License No.		. This W			omplete		9/21/06	
1		e of Larsen & Asso			_ by (sign		KK	Lyuna	· .	
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansay 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.										