| WATE | R WELL | RECORD | Form | WWC-5 | | | | urces; App. N | | | |
|--|---|-----------------------------|------------------|-------------|-------------|-----------------|----------|---------------|--------------|-------------------------|--|
| 1 LOCA | ATION OF | WATER WELL: | Fraction NW 4 | SE ¼ | SE ¼ | ection Nu 29 | mber | Township T 11 | Number S | Range Number R 23 E | |
| County: Wyandotte NW ½ SE ½ SE ½ 29 T 11 S R 23 E Distance and direction from nearest town or city street address of well if Global Positioning System (decimal degrees, min. of 4 digits) | | | | | | | | | | | |
| located within city? ~70'S of 735 East Front Street, Bonner Springs KS 66012 Latitude: N 39.06006° Longitude: W 94.87591° | | | | | | | | | | | |
| 2 WATER WELL OWNER: Frank Horn Elevation: RIM: 801.22; TOC: 800.89 | | | | | | | | |) | | |
| RR#, St. Address, Box # : 15125 Lakeview Drive, | | | | | | Datum: NAVD27 | | | | | |
| City, State, ZIP Code : Bonner Springs KS 66012 Data Collection Method: legal survey | | | | | | | | | | | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 18.1 ft. | | | | | | | | | | | |
| | ATON | | | | | MW11 | | | | | |
| WITE | H AN "X"] | N Depth(s) Groui | ndwater Enco | untered 1 | | | _ft. 2 | | ft. 3 | ft. | |
| SECT | TON BOX | : WELL'S STA | TIC WATER | LEVEL | 17.04 ft. | below lan | id surfa | ce measured | i on mo/d | ay/yr 2/25/15 | |
| N Pump test data: Well water was ft. after hours pumping | | | | | | | | | | ng gpm | |
| Est. Yield gpm: Well water was ft. after hours pumping g | | | | | | | | | | ng gpm | |
| WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection w | | | | | | | | | jection well | | |
| W SW SE X Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 0 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yes No X is provided by the complete of the comple | | | | | | | | | | er (Specify below) | |
| | | | | | | | | | | | |
| | | | | | | | | | | £ | |
| | | | | | | | | | | i 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 5 | ool | 2 DMD (SD) 6 | A sheetos-Ce | ment 0 | Other (s | necify bel | ow) | 110 301111 | Welde | d | |
| (2) DY | 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded Threaded V | | | | | | | | led V | | |
| Plank one | ina diamata | 4 ADS / | Q 10 ft | Dia | ir | to | fi | Dia | . Imcac | to ft | |
| 2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 8.10 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.33 ft., Weight lbs./ft. Wall thickness or gauge No. | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL. | | | | | | | | | | | |
| 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 Content 12 None used (open hole) | | | | | | | | | | | |
| 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 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) | | | | | | | | | | | |
| 2 Louveled Shuller 4 Key pullolled 6 whe whapped 6 Saw Cut 10 Older (specify) | | | | | | | | | | | |
| From ft to ft From ft to | | | | | | | | | ft. | | |
| GRAVEL PACK INTERVALS: From 6 ft to 18.45 ft From ft to | | | | | | | | ft. | | | |
| O. | CAVELIA | SIL INTERVALES. | From | | ft. to | | ft. Fro | om | ft. to | ft. | |
| SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot | | | | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1 ft Grout Intervals From 1 ft. to 6 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 | | | | | | | | | | | |
| | ver lines | 5 Cess pool | | lagoon (1 | Fuel sto | age | 14 Aba | ndoned wat | er well | below) | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well | | | | | | | | | | | |
| Direction from well? N How many feet? ~140' | | | | | | | | | | | |
| FROM | TO | LITHOI | OGIC LOG | | FROM | TO | | PLUGGI | NG INTE | RVALS | |
| 0 | 5 | Grass on top; Brow | | | | | | | -1 | | |
| 5 | 9 | Tan silty clay | | | | | | | | | |
| 9 | 14.5 | Fine to medium ta | | | | | | | | | |
| 14.5 | 16.5 | Fine to medium gr | een sand | | | | | | | ~ | |
| 16.5 18.45 | 18.45 18.45 | Weathered rock Limestone | | | | | | | | | |
| 10.45 | 10.45 | Linestone | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged and this record is true to the test of my knowledge and belief. | | | | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) Kansas Water Well Contractor's License No | | | | | | | | | | | |
| Kansas Wa | iter Well Cor | e of Larsen & Asso | ciates Inc | . This wate | by (signatu | re) | | OII THOIR AVI | - Sai / | 1 4 1 1 3 | |
| | | | | | | | artman | Health and E | nvironment | Rureau of Water | |
| 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 of WATER WELL OWNER and retain one for | | | | | | | | | | | |
| vour records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell. | | | | | | | | | | | |