

Revision

WATER WELL RECORD

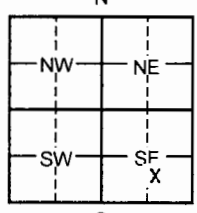
Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: Fraction NW 1/4 SE 1/4 Section Number 29 Township Number T 11 S Range Number R 23 E
Distance and direction from nearest town or city street address of well if located within city? ~70°SE of 735 East Front Street, Bonner Springs KS 66012
Global Positioning System (decimal degrees, min. of 4 digits)
Latitude: N 39.05713°
Longitude: W 94.87570°
Elevation: RIM: 799.04; TOC: 798.83
Datum: NAVD27
Data Collection Method: legal survey

2 WATER WELL OWNER: Frank Horn
RR#, St. Address, Box # : Datum:
City, State, ZIP Code : Bonner Springs KS 66012

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:
4 DEPTH OF COMPLETED WELL 14.50 ft. MW10
Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.
WELL'S STATIC WATER LEVEL 10.12 ft. below land surface measured on mo/day/yr 2/25/15
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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped
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 4.50 ft., Dia in. to ft., Dia in. to ft.
Casing height below land surface 0.21 ft., Weight lbs./ft. Wall thickness or gauge No.

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 Mill slot 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 4.50 ft. to 14.5 ft. From ft. to ft.
GRAVEL PACK INTERVALS: From 3 ft. to 14.75 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 3 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? NW How many feet? ~110'

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows include: 0 to 5.5 Grass on top; Brown silty clay, 5.5 to 10 Fine tan to green sandy clay, 10 to 14.75 Green sand, 14.75 to 14.75 Limestone.

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) 2/12/15 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) 3/2/15 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 785-296-5522. 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.

Revision

**State of Kansas  
KDHE/BER Well Tag Form**

Frank's Automotive

KDHE Project Code:

U	4	1	0	5	0	1	6	0	7
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Well Tag Number	Well Number
0051152	MW10
0051154	MW11

After completing this form, photocopy it and keep the copy for your files.  
Send the original to the address below.

Kansas Department of Health & Environment  
Bureau of Environmental Remediation  
1000 SW Jackson, Suite 410  
Topeka, KS 66612-1367