

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources: App. No.  

<b>1 LOCATION OF WATER WELL:</b>		Fraction		Section Number	Township Number	Range Number																																																												
County: <b>Wyandotte</b>		NW ¼	SW ¼	<b>15</b>	T <b>11</b> S	R <b>24</b> E																																																												
Distance and direction from nearest town or city street address of well if located within city? <b>6700 Kaw Dr. Kansas City, KS 66111</b>				<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)																																																														
<b>2 WATER WELL OWNER: Carole Smith</b> RR#, St. Address, Box # : <b>6191E. Eastman Ave.</b> City, State, ZIP Code : <b>Denver, CO 80222</b>				Latitude: <b>N 39.08944°</b>																																																														
				Longitude: <b>W 94.73303°</b>																																																														
				Elevation: <b>RIM: 775.44 TOC: 775.20</b>																																																														
				Datum: <b>above mean sea level</b>																																																														
Data Collection Method: <b>legal survey</b>																																																																		
<b>3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL 52 ft.</b>																																																																
<div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">NW</td> <td style="padding: 2px;">NE</td> </tr> <tr> <td style="padding: 2px;">SW</td> <td style="padding: 2px; text-align: center;">X SE</td> </tr> </table> <div style="text-align: center;">S</div>		NW	NE	SW	X SE	<b>52</b> ft. MW7 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <b>44.9</b> ft. below land surface measured on mo/day/yr <b>4/2/08</b> 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) <b>10</b> Monitoring well																																																												
		NW	NE																																																															
		SW	X SE																																																															
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr _____																																																																
Sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>																																																																		
<b>5 TYPE OF CASING USED:</b>																																																																		
1 Steel		3 RMP (SR)		5 Wrought Iron		8 Concrete tile																																																												
<b>2</b> PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)																																																												
		7 Fiberglass				CASING JOINTS: Glued _____ Clamped _____																																																												
						Welded _____																																																												
						Threaded <b>X</b>																																																												
Blank casing diameter <b>2</b> in. to <b>32</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height below land surface <b>0.24</b> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____																																																																
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																																		
1 Steel		3 Stainless steel		5 Fiberglass		<b>7</b> PVC																																																												
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)																																																												
						9 ABS																																																												
						10 Asbestos-Cement																																																												
						11 Other (specify) _____																																																												
						12 None used (open hole)																																																												
SCREEN OR PERFORATION OPENINGS ARE:																																																																		
1 Continuous slot		<b>3</b> Mill slot		5 Guaze wrapped		7 Torch cut																																																												
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut																																																												
						9 Drilled holes																																																												
						11 None (open hole)																																																												
SCREEN-PERFORATED INTERVALS:																																																																		
From <b>32</b> ft. to <b>52</b> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.																																																												
GRAVEL PACK INTERVALS:		From <b>31</b> ft. to <b>52</b> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.																																																												
						From _____ ft. to _____ ft.																																																												
<b>6 GROUT MATERIAL:</b>																																																																		
1 Neat cement		2 Cement grout		<b>3</b> Bentonite		<b>4</b> Other concrete, 0-2 feet																																																												
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What is the nearest source of possible contamination:																																																																		
1 Septic tank		4 Lateral lines		7 Pit privy		10 Livestock pens																																																												
2 Sewer lines		5 Cess pool		8 Sewage lagoon		<b>11</b> Fuel storage																																																												
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage																																																												
						13 Insecticide Storage																																																												
						14 Abandoned water well																																																												
						15 Oil well/ gas well																																																												
						16 Other (specify below)																																																												
Direction from well? <b>Southwest</b>		How many feet? <b>~285 feet</b>																																																																
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>1</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>3/31/08</b> and this record is true to the best of my knowledge and belief.																																																																		
Kansas Water Well Contractor's License No. <b>757</b> This Water Well Record was completed on (mo/day/year) <b>5/2/08</b>																																																																		
under the business name of <b>Larsen &amp; Associates, Inc.</b> 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>.