WATER WELL RECORD Form WWC-5

Division of Water Resources: App. No.

1 LOCATION OF WATER WELL: County: Wyandotte | Fraction: SE ¼ SE ¼ SW ¼ | Section Number: 15 | Township Number: T 11 S | Range Number: R 24 E

Distance and direction from nearest town or city street address of well if located within city? 6700 Kaw Dr. Kansas City, KS 66111

Global Positioning System (decimal degrees, min. of 4 digits)
Latitude: N 39.08900°
Longitude: W 94.73392°
Elevation: RIM: 777.43 TOC: 777.14
Datum: above mean sea level
Data Collection Method: legal survey

2 WATER WELL OWNER: Carole Smith
RR#, St. Address, Box # : 6191E. Eastman Ave.
City, State, ZIP Code : Denver, CO 80222

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

N / NW / NE / W / E / SW / SE / S — X in SW

4 DEPTH OF COMPLETED WELL 32.5 ft.
MW10

Depth(s) Groundwater Encountered 1 ____ ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL 28.8 ft. below land surface measured on mo/day/yr 4/2/08
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/yrs
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 22.5 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height below land surface 0.29 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 Guaze 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	22.5 ft.	to 32.5 ft.	From	____ ft.	to ____ ft.
	From	____ ft.	to ____ ft.	From	____ ft.	to ____ ft.
GRAVEL PACK INTERVALS:	From	21.5 ft.	to 32.5 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 concrete, 0-2 feet
Grout Intervals From 2 ft. to 21.5 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? west How many feet? ~5 feet

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Asphalt			
3	5	Silty clay, dark brown, moist, no odor			
8	10	Silt, trace clay, brown, slightly moist, no odor			
13	15	Silt, trace clay, brown, slightly moist, no odor			
18	20	Silt, trace clay, brown, slightly moist, no odor			
23	25	Sand, some clay, gray, very fine, wet, petroleum odor			
28	30	Sand, some clay, gray, very fine, wet, petroleum odor			
33	35	Clay, gray, fat, some sand, fine, very moist,			
		slight petroleum odor			Flushmount waiver from BOW

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) 3/20/08 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) 5/2/08 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.

KSA 82a-1212

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