

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. _____

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number				
County: Wyandotte		SE ¼	SE ¼	15	T 11 S	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										
2 WATER WELL OWNER: Carole Smith				Global Positioning System (decimal degrees, min. of 4 digits)						
RR#, St. Address, Box # : 6191E. Eastman Ave.				Latitude: N 39.08878°						
City, State, ZIP Code : Denver, CO 80222				Longitude: W 94.73436°						
				Elevation: RIM: 776.11 TOC: 775.87						
				Datum: above mean sea level						
				Data Collection Method: legal survey						
3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 48 ft.								
<div style="text-align: center;"> N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px;">NW</td><td style="width: 20px;">NE</td></tr> <tr><td style="width: 20px;">SW</td><td style="width: 20px;">SE</td></tr> </table> S W E </div>		NW	NE	SW	SE	MW4 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 45.4 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				
		NW	NE							
		SW	SE							
		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 28 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height below land surface 0.24 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 28 ft. to 48 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 27 ft. to 48 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 27 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? Northeast How many feet? ~100 ft										
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS					
0	1	Grass, topsoil, silty clay with limestone gravel, dark brown, moist, no odor	33	35	Clay, gray, fat, moist, no odor					
			38	40	Sand, silica rich, tan, medium grained, well sorted, slightly moist, no odor					
3	5	Silty clay, dark brown, moist, no odor								
8	10	Silt, some clay, brown, very moist, no odor	41	43	Sand, silica rich, coarse, tan, not well sorted, moist, no odor					
13	15	Silt with clay, brown, very moist, no odor								
18	20	Silt with clay, brown, very moist, no odor								
23	25	Silt with clay, brown, very moist, with wet seams, no odor								
28	30	Silt with clay, brown, very moist, with wet seams, no odor, clay gray at 29.5, moist, no 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) 3/31/08 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 .										