

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 SW 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				Global Positioning System (decimal degrees, min. of 4 digits)		
2 WATER WELL OWNER: Carole Smith RR#, St. Address, Box # : 6191E. Eastman Ave. City, State, ZIP Code : Denver, CO 80222				Latitude: N 39.08903°		
				Longitude: W 94.73389°		
				Elevation: RIM: 777.44 TOC: 777.24		
				Datum: above mean sea level		
3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL 49.5 ft.		
				MW1		
<div style="text-align: center;"> </div>				Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.		
				WELL'S STATIC WATER LEVEL 46.85 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/yr		
				Sample was submitted _____ Water Well Disinfected? Yes _____ No X		
				5. TYPE OF CASING USED:		
1 Steel		3 RMP (SR)		6 Asbestos-Cement		8 Concrete tile
2 PVC		4 ABS		7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____
Blank casing diameter 2 in. to 34.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						Welded _____
Casing height below land surface 0.20 ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____						Threaded X
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)
SCREEN OR PERFORATION OPENINGS ARE:						9 ABS
1 Continuous slot		3 Mill slot		5 Guaze wrapped		7 Torch cut
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut
SCREEN-PERFORATED INTERVALS:		From 34.5 ft. to 49.5 ft.		From _____ ft. to _____ ft.		11 Other (specify) _____
GRAVEL PACK INTERVALS:		From 33.5 ft. to 49.5 ft.		From _____ ft. to _____ ft.		12 None used (open hole)
		From _____ ft. to _____ 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
Grout Intervals From 2 ft. to 33.5 ft.		From _____ ft. to _____ 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
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage
Direction from well? Southwest						13 Insecticide Storage
						14 Abandoned water well
						15 Oil well/ gas well
						16 Other (specify below)
How many feet? ~ 5 feet						

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	Asphalt	28	30	Sand, very fine, gray-brown, saturated seams.
3	5	Clay with silt, dark brown, moist, no odor			no odor
8	10	Sand, gray-brown, very fine, trace silt & clay, slightly moist, no odor	33	35	Clay, trace fine sand, gray, fat, very moist, no odor, layered
13	15	Silty clay with very fine sand, brown, moist no odor	38	40	Sand, silica rich, brown, coarse, submature, subrounded, fairly well sorted, moist, no odor
18	20	Sand, very fine, some silt & clay, brown, moist, no odor, very soft, poor recovery	41	43	Sand, silica rich, brown, coarse, submature, subrounded, fairly well sorted, moist, no odor
23	25	Sand, trace clay, very fine, gray, very moist no odor, poor recovery			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) **3/18/08** 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) **5/1/08** 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>.