

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: Wvandonette		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 39.08894°									
				Longitude: W 94.73392°									
				Elevation: RIM: 777.78 TOC: 777.58									
				Datum: above mean sea level									
Data Collection Method: legal survey													
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 30 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> <tr><td style="width: 20px;">X</td><td></td></tr> </table> S W E </div>		NW	NE	SW	SE	X		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL dry ft. below land surface measured on mo/day/yr 8/26/08 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										
		X											
		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 15 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height below land surface 0.20 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 15 ft. to 30 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS:		From 13 ft. to 30 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 13 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? S		How many feet? ~60 feet											
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHOLOGIC LOG							
0	1	Asphalt		28	30	Clay with silt, gray brown, moderate to high plasticity							
3	5	Clay, dark brown, some silt, moist, no odor											
8	10	Clay with silt, dark brown, very fine sand, moist, slight petroleum odor											
13	15	Very fine sand with silt, gray brown, slightly moist, no odor											
18	20	Very fine sand with silt and clay, gray brown, wet seams, slight petroleum odor											
23	25	Very fine sand with silt and clay, gray brown, wet seams, 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) 8/25/08 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) 9/23/08 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>.