

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources: App. No. \_\_\_\_\_

<b>1 LOCATION OF WATER WELL:</b>		Fraction <u>SW</u> <u>SW</u> <u>SE</u>		Section Number <u>35</u>	Township Number <u>T 11 S</u>	Range Number <u>R 25E E/W</u>
County: <u>Wyandotte</u>				Global Positioning System (decimal degrees, min. of 4 digits)		
Distance and direction from nearest town or city street address of well if located within city? <u>4601 Rainbow Blvd., Kansas City, KS</u>				Latitude: <u>N 39°02'40.5"</u>		
				Longitude: <u>W 94°36'42.3"</u>		
<b>2 WATER WELL OWNER: KDHE-BER</b>				Elevation: <u>940.27 pin / 939.99 toc</u>		
RR#, St. Address, Box # : <u>Rainbow &amp; 47<sup>th</sup></u>				Datum: <u>above mean sea level</u>		
City, State, ZIP Code : <u>U4-105-50002</u>				Data Collection Method: <u>legal survey</u>		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL</b> <u>33</u> ft.				
<div style="text-align: center;"> </div>		<b>MW4</b>				
		Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft.				
		WELL'S STATIC WATER LEVEL <u>13.50</u> ft. below land surface measured on mo/day/yr <u>12/20/06</u>				
		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) <u>10</u> Monitoring well				
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr				
		Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>				
<b>5 TYPE OF CASING USED:</b>						
1 Steel		3 RMP (SR)		5 Wrought Iron		8 Concrete tile
<u>2</u> PVC		4 ABS		6 Asbestos-Cement		CASING JOINTS: Glued _____ Clamped _____
		7 Fiberglass		9 Other (specify below)		Welded _____
						Threaded <u>X</u>
Blank casing diameter <u>2</u> in. to <u>13</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height below land surface <u>0.28</u> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____						
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>						
1 Steel		3 Stainless steel		5 Fiberglass		<u>7</u> PVC
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)
						9 ABS
						11 Other (specify) _____
						10 Asbestos-Cement
						12 None used (open hole)
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>						
1 Continuous slot		<u>3</u> 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)
						10 Other (specify) _____
<b>SCREEN-PERFORATED INTERVALS:</b>						
From <u>13</u> ft. to <u>33</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.
<b>GRAVEL PACK INTERVALS:</b>						
From <u>11</u> ft. to <u>33</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.
<b>6 GROUT MATERIAL:</b>						
1 Neat cement		2 Cement grout		<u>3</u> Bentonite		<u>4</u> Other cement
Grout Intervals From <u>3</u> ft. to <u>11</u> 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		<u>11</u> 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? _____						How many feet? _____
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	2.5	Soil				
2.5	3.5	Limestone				
3.5	12	Clay, red/brown, moist, med plasticity				
12	19	Limestone				
19	25	Clay, red/brown, moist, med plasticity,				
		some water @ 24'				
25	28	Limestone, wet @ 27'				
28	33	Limestone, hard, less fractured				
					Flushmount waiver by D. Taylor	
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>1</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>12/18/06</u> and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>3/6/07</u>						
under the business name of <u>Larsen &amp; Associates, Inc.</u> 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 <a href="http://www.kdheks.gov/waterwell">http://www.kdheks.gov/waterwell</a> .						