

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No.

1 LOCATION OF WATER WELL:		Fraction NW NE NW		Section Number 21	Township Number T 11 S	Range Number R 25 E
County: Wvandonotte						
Distance and direction from nearest town or city street address of well if located within city? 100 ft west of Custer Ave. & S. Valley St., Kansas City, KS				Global Positioning System (decimal degrees, min. of 4 digits)		
2 WATER WELL OWNER: Armourdale Muffler Shop RR#, St. Address, Box #: 5350 Swartz City, State, ZIP Code: Kansas City, KS 66106				Latitude: N 39.08658°		
				Longitude: W 94.64286°		
				Elevation: PIN: 749.91 TOC: 749.64		
				Datum: above mean sea level		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL 44.0 ft.		
<div style="text-align: center;"> </div>				MW14		
				Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.		
				WELL'S STATIC WATER LEVEL 30.00 ft. below land surface measured on mo/day/yr 1/25/08		
				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 9 Other (specify below)		5 Wrought Iron 8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____		
2 PVC 4 ABS 7 Fiberglass				Welded _____ Threaded X		
Blank casing diameter 2 in. to 24.0 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height below land surface 0.27 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 24.0 ft. to 44.0 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 23.0 ft. to 44.0 ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other cement, 0-2 feet						
Grout Intervals From 2 ft. to 23.0 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? Northwest				How many feet? ~450		
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
0	1	Grass, topsoil, old brick sidewalk at 3".	35	45	Sand, brown, coarse grained, moist.	
		clayey silt, brown, moist, no odor			No odor, poorly sorted	
1	5	Clayey, silt, brown, moist, no odor				
5	10	Silty sand, brown, fine grained, moist, no odor				
10	15	Silty sand, brown, medium grained, moist, no odor				
15	35	Sand, brown, medium grained, moist, no odor, moderately sorted				
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) 1/25/08 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) 2/12/08						
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>

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