

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		NE NW NW		21	T 11 S	R 25 E
Distance and direction from nearest town or city street address of well if located within city? ~ 115 feet south-southwest of Kansas & S. 14 th 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 39.08697°		
				Longitude: W 94.64481°		
				Elevation: PIN: 752.29 TOC: 752.07		
				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>				MW16		
				Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.		
				WELL'S STATIC WATER LEVEL 32.45 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:				CASING JOINTS: Glued _____ Clamped _____		
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____				Threaded X		
(2) PVC 4 ABS 7 Fiberglass _____				Blank casing diameter 2 in. to 24 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		
Casing height below land surface 0.22 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:				SCREEN-PERFORATED INTERVALS:		
1 Continuous slot (5) Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)				From 24 ft. to 44 ft. From _____ ft. to _____ ft.		
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____				From _____ ft. to _____ ft. From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS:				From 23 ft. to 44 ft. From _____ ft. to _____ ft.		
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 cement, 0-2 feet						
Grout Intervals From 2 ft. to 23 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? East-Northeast				How many feet? ~125 feet		
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	1	Concrete				
1	8	Sandy clay, brown, moist, no odor				
8	22	Sand, brown, medium grained, moist, no odor				
22	40	Sand, gray, medium grained, moist, slight petroleum odor				
40	45	Sand, gray, coarse grained, moist, 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) **12/10/07** 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>.