

## WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No.  

<b>1 LOCATION OF WATER WELL:</b>		Fraction		Section Number	Township Number	Range Number
County: <b>Wyandotte</b>		<b>NE</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$		<b>21</b>	<b>T</b> <b>11</b> <b>S</b>	<b>R</b> <b>25</b> <b>E</b>
Distance and direction from nearest town or city street address of well if located within city? ~340 feet southwest of Kansas & S. 14 <sup>th</sup> st. Kansas City, KS				<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)		
<b>2 WATER WELL OWNER:</b> <b>Armourdale Muffler Shop</b> RR#, St. Address, Box # : 5350 Swartz City, State, ZIP Code : Kansas City, KS 66106				Latitude: <b>N 39.08642°</b>		
				Longitude: <b>W 94.64486°</b>		
				Elevation: <b>Pin: 752.31 TOC: 752.09</b>		
				Datum: <b>above mean sea level</b>		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>				<b>4 DEPTH OF COMPLETED WELL</b> <b>44</b> <b>ft.</b>		
<div style="text-align: center;"> </div>				<b>MW17</b>		
				Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.		
				WELL'S STATIC WATER LEVEL <b>32.50</b> ft. below land surface measured on <b>mo/day/yr</b> <b>1/25/08</b>		
				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) <b>(10) Monitoring well</b>		
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr				Sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>		
<b>5 TYPE OF CASING USED:</b>						
1 Steel		3 RMP (SR)		6 Asbestos-Cement		8 Concrete tile
<b>(2) PVC</b>		4 ABS		7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____
Blank casing diameter _____ in. to _____ ft., Dia		_____ in. to _____ ft., Dia		_____ in. to _____ ft., Dia		Welded _____
Casing height below land surface <b>0.22</b> ft., Weight _____ lbs./ft.		Wall thickness or gauge No. _____		Threaded _____		<b>X</b>
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel		3 Stainless steel		5 Fiberglass		<b>(7) PVC</b>
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)
SCREEN OR PERFORATION OPENINGS ARE:		1 Continuous slot		<b>(5) Mill slot</b>		5 Guaze wrapped
2 Louvered shutter		4 Key punched		6 Wire wrapped		7 Torch cut
SCREEN-PERFORATED INTERVALS:		From <b>24</b> ft. to <b>44</b> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:		From <b>23</b> ft. to <b>44</b> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.
6 GROUT MATERIAL:		1 Neat cement		2 Cement grout		<b>(3) Bentonite</b>
Grout Intervals From <b>2</b> ft. to <b>23</b> 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		<b>(11) Fuel storage</b>
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage
Direction from well? <b>Northeast</b>		How many feet? <b>~300 feet</b>		13 Insecticide Storage		16 Other (specify below)
14 Abandoned water well		15 Oil well/ gas well		16 Other (specify below)		
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS						
0	1	Concrete				
1	8	Sandy clay, brown, moist, no odor				
8	25	Sand, brown, medium grained, moist, no odor				
25	30	Sand, gray-green, medium grained, moist, no odor				
30	40	Sand with clay, gray, medium grained, moist, no odor				
40	45	Sand with clay, gray, coarse grained, moist, no odor				
<b>Flushmount waiver from BOW</b>						
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>(1)</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>12/10/07</b> and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No. <b>757</b> This Water Well Record was completed on (mo/day/year) <b>2/12/08</b>						
under the business name of <b>Larsen &amp; Associates, Inc.</b> 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>.

KSA 82a-1212

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