

Form WWC-5

Division of Water Resources: App. No.

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number								
County: Wyandotte SW ¼ SE ¼		SW ¼	34		T 11 S	R 25 E								
Distance and direction from nearest town or city street address of well if located within city? 3002 W 47 th St. Kansas City, KS 66203			Global Positioning System (decimal degrees, min. of 4 digits)											
			Latitude: N 39.04439 °											
			Longitude: W 94.62003 °											
2 WATER WELL OWNER: KDHE (Carriage & Motor Works) RR#, St. Address, Box # : 1000 SW Jackson, Suite 410 City, State, ZIP Code : Topeka, KS 66612			Elevation: 973.72 rim, 973.49 toc											
			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 _____ ft.													
N <table border="1" style="margin-left:auto; margin-right:auto;"><tr><td></td><td></td><td></td></tr><tr><td>NW</td><td>X</td><td>NE</td></tr><tr><td>SW</td><td></td><td>SE</td></tr></table> S				NW	X	NE	SW		SE	Depth(s) Groundwater Encountered _____ ft. MW12 Well's Static Water Level 17.61 ft. below land surface measured on mo/day/yr 5/2/08 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	X	NE												
SW		SE												
Was a chemical/bacteriological sample submitted to Department? Yes ____ No X ; If yes, mo/day/yrs Sample was submitted _____ Water Well Disinfected? Yes ____ No X														
5 TYPE OF CASING USED:														
1 Steel		3 RMP (SR)		6 Asbestos-Cement		CASING JOINTS: Glued ____ Clamped ____								
② PVC		4 ABS		7 Fiberglass		Welded ____ Threaded X								
Blank casing diameter 2 in. to 3.3 ft., Dia		_____ in. to _____ ft., Dia		_____ in. to _____ ft., Dia										
Casing height below land surface 0.23 ft., Weight _____ lbs./ft.		Wall thickness or gauge No. _____												
TYPE OF SCREEN OR PERFORATION MATERIAL:														
1 Steel		3 Stainless steel		5 Fiberglass		⑦ PVC								
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)								
SCREEN OR PERFORATION OPENINGS ARE:		1 Continuous slot		③ Mill slot		5 Guaze wrapped								
2 Louvered shutter		4 Key punched		6 Wire wrapped		7 Torch cut								
SCREEN-PERFORATED INTERVALS:		From 3.3 ft. to 18.3 ft.		ft. From _____ ft. to _____ ft.		9 Drilled holes								
GRAVEL PACK INTERVALS:		From 2 ft. to 18.3 ft.		ft. From _____ ft. to _____ ft.		11 None (open hole)								
		From _____ ft. to _____ ft.		ft. From _____ ft. to _____ ft.		10 Other (specify) _____								
		From _____ ft. to _____ ft.		ft. From _____ ft. to _____ ft.										
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout ③ Bentonite ④ Other cement, 0-1 feet														
Grout Intervals From 1 ft. to 2 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		⑪ Fuel storage								
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage								
Direction from well?		How many feet?		13 Insecticide Storage		16 Other (specify below)								
				14 Abandoned water well										
				15 Oil well/gas well										
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS									
0	1	Asphalt												
3	5	Gray silty clay, iron staining, veining, moderate plasticity, moist, slight petroleum odor												
8	10	Brown silty clay												
13	15	Brown silty clay												
	18.3	TD												
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) 5/2/08 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) 6/3/08 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.														