| WATER WELL RECORD Form WWC-5 | | | | | | /ater Resources; App. No. | **** | |
|---|--|--------------------------------|--|---|-----------------------|---------------------------|-----------------------|--|
| 1 LOCATION OF WATER WELL: | | Fraction | | Section Numb | er Township Number | | | |
| | y: Johns | | NW 1/4 NW 1/4 S | | 20 | T 12 S | | |
| Distance and direction from nearest town or city street address of well if located within city? Approximately 3/4 mile north and 1/2 mile west of Global Positioning Systems (decimal degrees, min. of 4 Latitude: 38.992571 | | | | | | | | |
| DeSoto | | | | | Longitude: -94.991062 | | | |
| 2 WATER WELL OWNER: City of Olathe | | | | | Elevation: unknown | | | |
| RR#, St. Address, Box # : P.O. Box 768 | | | | | Datum: NAD 27 | | | |
| City, State, ZIP Code : Olathe, KS 66051 Data Collection Method: WAAS GPS Unit | | | | | | | | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 60 ft. | | | | | | | | |
| | | | | | | | ft, | |
| | I AN ''X'' 'ION BOY | WELL'S STATIC W. | ATER LEVEL 28.3 | ncountered (1) ft. (2) ft. (3) ft, ER LEVEL 28.31 ft. below land surface measured on mo/day/yr. 2-16-06 | | | | |
| SECTION BOX: N Pump test data: Well water was not checked ft. after hours pumping | | | | | | | gpm | |
| Est. Yield unknown gpm: Well water was ft. after hours pumping | | | | | | | | |
| NW | NE | | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | |
| w | | E 1 Domestic 3 | Feedlot 6 Oil field | d water | supply 9 | Dewatering 12 | Other (Specify below) | |
| sw | xSE | | | | | Monitoring well | | |
| li | I I | Was a chemical/bacte | riological sample subm | itted to | Department? Y | Yes No 🗸 | If yes, mo/day/yrs | |
| Sample was submitted Water well disinfected? Yes No | | | | | | | | |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped | | | | | | | | |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded | | | | | | | | |
| (2) PVC 4 ABS 7 Fiberglass Threaded \checkmark | | | | | | | | |
| ② PVC 4 ABS 7 Fiberglass Threaded ✓ Blank casing diameter 2 in. to 48 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 24 in., weight .70 lbs./ft. Wall thickness or gauge No. .154 | | | | | | | | |
| Casing neight above land surface 24 in., weight ./U lbs./ft. Wall thickness or gauge No154 | | | | | | | | |
| 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 Gauzed 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 48 ft to 58 ft From ft to ft | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 48 ft. to 58 ft., From ft. to From ft. to ft., From ft. to GRAVEL PACK INTERVALS: From 20 ft. to 60 ft., From ft. to From ft. to ft., From ft. to | | | | | | | ft. | |
| GRAVEL PACK INTERVALS: From | | | 20 ft. to | 6 | 0 ft., Fro | m ft. to | ft. | |
| | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other Bentonite Holeplug | | | | | | | | |
| Grout Intervals: From ft. to ft., From ft. to ft., From | | | | | | | | |
| 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 | | | | | | | | |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) | | | | | | | | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well None known | | | | | | | | |
| Direction from well? How many feet? | | | | | | | | |
| FROM | TO | LITHOLOGIC L | OG | FROM | f TO | PLUGGING INT | IERVALS | |
| 0 5 | 5 14 | Topsoil Clay, dark brown | | | | | | |
| 14 | 31 | Sand and gravel, fine to | medium, tan | | | | | |
| 31 | 54 | Sand and gravel, fine to | | | | | | |
| 54 | 60 | Limestone, gray and whi | te | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 2-16-06 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) Z-16-U6 and this record is true to the best of my knowledge and belief. This Water Well Record was completed on (mo/day/year) 2-28-06 | | | | | | | | |
| Under the business name of Clarke Well & Equipment, Inc. by (signature) | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline 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. | | | | | | | | |
| 785-296-5 | 322. Sena oi | ic to writer webb o writer and | cum one for your records. | CC O1 \$5. | oo lot cach comba | | | |