| WATER WELL RECORD | | | | Form WWC-5 | | | | Division of Water Resources App. No. | | | |
|--|---|----------------|------------------------|---|-----------------|--------------|----------------|--|--------------------------|--|--|
| 1 LOCATION OF WATER WELL: County: JOHNSON | | | Fraction 5W 4 NJ | 1/4 N L |) 454 4 | Section 3 | on Number 5 | | Range Number ROO ★E □W | | |
| Street/Rural Address of Well Location; if unknown, distance & direction | | | | | | | | Global Positioning System (GPS) information: | | | |
| from nearest town or intersection: If at owner's address, check here . | | | | | | | | Latitude: 3776.352.7 | | | |
| | | | | | | | | Elevation: | | | |
| 2 WATER WELL OWNER: MARK KENNEDY | | | | | | | Colle | Collection Method: | | | |
| RR#, Street Address, Box #: 30412 EXPLORERS TRAIL | | | | | | | | GPS unit (Make/Model:) | | | |
| | , State, Z | | DESOT | O, KS 66018 | | | | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m | | | |
| 1 | ATE WEI | LL AD | EDTH OF (| OMDI ETEN | WEI | r 334 | | A | 3-334' BOR | ES | |
| 1 | WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) NONE ft. (2) ft. (3) ft. | | | | | | | | | | |
| N WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr | | | | | | | | | | /day/yr | |
| Pump test data: Well water wasft. after hours pumping | | | | | | | | | | | |
| | W NW NE E EST. YIELD 0 | | | | | | | | | mping gpm | |
| WELL WATER TO BE USER AS. Dublic water symply G Goothornel Direction well | | | | | | | | | | | |
| OW OF Domestic Feedlot Oil field water supply Dewatering Other (Specify below) | | | | | | | | | | | |
| Irrigation Industrial Domestic-lawn & garden Monitoring well | | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☑ No If yes, mo/day/yr sample was submitted | | | | | | | | | | | |
| Water well disinfected? Yes No | | | | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC VI Other H.D. POLYETHYLENE | | | | | | | | | | | |
| CASING JOINTS: Glued Clamped W Welded Threaded FUSION | | | | | | | | | | | |
| Casing diameter 1 in to 334 ft. Diameter in to 1934 ft. | | | | | | | | | | | |
| Casing height above land surface. 36 in., Weight SDR11 lbs./ft., Wall thickness or gauge No. 160PSI | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: NONE Steel Stainless Steel PVC Other (Specify) | | | | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: NONE | | | | | | | | | | | |
| Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) | | | | | | | | | | | |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | |
| From | | | | | | | | | | | |
| 6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other | | | | | | | | | | | |
| 1 | | st source of p | | | , 11011 | • | . 16. 60 | | , 110111 | 16. 10 | |
| | Septic tar | | | es Pit privy | | Livestock | | Insecticid | | ther (specify below) | |
| | Sewer lin | | Cesspool | ☐ Sewage lagoon ☐ Fuel storage it ☐ Feedyard ☐ Fertilizer sto | | | | | | | |
| | | ı well | | | • • • • • • • • | | | | | •••••• | |
| FROM | ТО | | LITHOLOG | | | FROM | TO | | .OG (cont.) <u>or</u> PL | UGGING INTERVALS | |
| 0 | 5 | SOIL/CLAY | | | | 291 | 334 | SHALE | | | |
| 5 16 | 16 41 | LIME SHALE | 186-196 L 196-212 S | | | | | | | - | |
| 41 | 96 | LIME | 212-244 L | | - | | | | | | |
| 96 | 102 | SHALE | 244-253 | | 1 | | | | | 4 | |
| 102 | 105 | LIME | 253-272 l | | | 334 | 3 | 3-334' BC | RES PLUGGE | D WITH | |
| 105 | 140 | SHALE | 272-274 | | <u> </u> | | | HIGH SO | LID BENTONIT | E | |
| 140 | 155 | LIME | 274-277 L | | | | | | | | |
| 155 162 | 162 175 | SHALE LIME | 277-283 S 283-291 L | | | <u> </u> | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \(\sqrt{2} \) constructed, \(\sqrt{2} \) reconstructed, or \(\sqrt{2} \) plugged | | | | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) .04/06/2015 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No561 This Water Well Record was completed on (mo/day/year) .04/07/2015 | | | | | | | | | | | |
| Kansas ' | Water W | ell Contractor | 's License N | o 561 | This \ | Water Well | Record v | vas complete | den (mo/day/yea | _{ir)} 04/07/2015 | |
| | | | | | | | | | Datt G | | |
| INSTRUC | | | | | | | | | | ct answers. Send one copy to sas 66612-1367. | |
| Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at | | | | | | | | | | | |
| http://www.kdheks.gov/waterwell/index.html | | | | | | | | | | | |