

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>JOHNSON</u>	Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>	Section Number <u>14</u>	Township Number <u>T 12 S</u>	Range Number <u>R 25 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>6412 SACAMORE, MISSION HILLS</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>39.01392</u> Longitude: <u>94.60970</u> Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: <u>PAUL & DEBBIE YEOMAN</u> RR#, St. Address, Box # : <u>6412 SACAMORE</u> City, State, ZIP Code : <u>MISSION HILLS, KS 66208</u>				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S --NW-- --NE-- --SW-- --SE--	4 DEPTH OF COMPLETED WELL <u>280</u> ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr. _____ 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 Feedlot 6 Oil field water supply 9 Dewatering 10 Other (Specify below) <u>CLOSED LOOP GEOTHERMAL</u> 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr Sample was submitted _____ Water well disinfected? Yes _____ No <u>X</u>
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5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 8 Concrete tile 2 PVC 4 ABS 7 Fiberglass <u>Other (specify below)</u> <u>HUPA</u> Blank casing diameter <u>3/4</u> in. to <u>1.70</u> ft. Diameter _____ in. to _____ ft. Diameter _____ in. to _____ ft. Casing height above land surface <u>48</u> in. Weight _____ lbs./ft. Wall thickness or gauge No. <u>SAR 11</u> 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 _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.
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6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>Bentonite</u> 4 Other _____ Grout Intervals: From <u>4</u> ft. to <u>170</u> 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 <u>16 Other (specify below)</u> 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well <u>HOUSE</u> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well Direction from well? <u>WBSV</u> How many feet? <u>95</u>
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	CLAY	190	201	SHALE, GRAY
10	21	LEANSAND	201	210	LEANSAND
21	57	SHALE, GRAY	210	242	SHALE, GRAY
57	62	LEANSAND	242	245	LEANSAND
62	107	SHALE, GRAY	245	280	SHALE, GRAY
107	127	LEANSAND			
127	135	SHALE, GRAY			
135	144	LEANSAND			1-290
144	176	SHALE, GRAY			1-280
176	190	LEANSAND			1-270

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>reconstructed</u> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7/9/08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>760</u> This Water Well Record was completed on (mo/day/year) <u>9/2/08</u> under the business name of <u>ASSOCIATED PUMPING CO.</u> by (signature) <u>[Signature]</u>

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. Visit us at <http://www.kdheks.gov/waterwell/index.html>.