

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township No.	Range Number
County: <u>JOHNSON</u>		$\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>16</u>	T <u>12</u> S	R <u>2S</u> ☒ E ☐ W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ .			Global Positioning System (GPS) information:		
2 WATER WELL OWNER: <u>ART KENNEDY</u> RR#, Street Address, Box #: <u>5219 W. 68th St</u> City, State, ZIP Code : <u>Prairie Village, KS 66208</u>			Latitude: <u>39.00555</u> (in decimal degrees)		
			Longitude: <u>94.64644</u> (in decimal degrees)		
			Elevation: _____		
			Datum: ☒ WGS 84, ☐ NAD 83, ☐ NAD 27		
			Collection Method:		
			☒ GPS unit (Make/Model: <u>Garmin Etrex</u>)		
			☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey		
			Est. Accuracy: ☐ <3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ >15 m		
3 LOCATE WELL WITH AN "X" IN SECTION BOX: N		4 DEPTH OF COMPLETED WELL <u>180</u> ft.			
S -----1 mile-----		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			
		Bore Hole Diameter <u>6</u> in. to <u>180</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: ☐ Public water supply ☒ Geothermal ☐ Injection well			
		☐ 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 ☒ Other <u>HDPE</u>					
CASING JOINTS: ☐ Glued ☐ Clamped ☒ Welded ☐ Threaded					
Casing diameter <u>6 1/2</u> in. to <u>180</u> ft., Diameter _____ in. to _____ ft.					
Casing height above land surface <u>48</u> in., Weight _____ lbs./ft., Wall thickness or gauge No. <u>SDR11</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) _____					
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
☐ 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 _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____					
Grout Intervals: From <u>4</u> ft. to <u>180</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☒ Other (specify below)					
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well					
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well <u>HOUSE</u>					
Direction from well <u>SOUTH</u> Distance from well <u>30</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	25	CLAY			
25	30	SANDSTONE			
30	120	SHALE, GRAY			4 HOLES TO 170
120	125	LIMESTONE			2 HOLES TO 160
125	140	SHALE			2 HOLES TO 180
140	150	LIMESTONE			
150	180	SHALE			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) <u>12/2/08</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>5-27-2011</u>					
under the business name of <u>Associated Drilling Inc.</u> by (signature) <u>[Signature]</u>					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 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 .					