

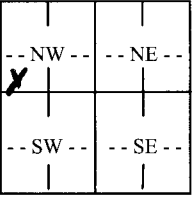
WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>GOVY</u>	Fraction <u>SW 1/4 SW 1/4 NW 1/4</u>	Section Number <u>1</u>	Township Number <u>T 12 S</u>	Range Number <u>R 7 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From McDonnell <u>2.0 mi East</u></u>		Global Positioning Systems (decimal degrees, min. of 4 digits)		
Latitude: <u>37.2416</u>		Longitude: <u>94.6622</u>		
2 WATER WELL OWNER: <u>Brd Brown (BROWN)</u>		Elevation: _____		
RR#, St. Address, Box # : <u>15059 Cedar Street</u>		Datum: _____		
City, State, ZIP Code : <u>Leawood, KS 66224</u>		Data Collection Method: _____		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>30'</u> ft.
N	Depth(s) Groundwater Encountered (1) <u>2.0</u> ft. (2) _____ ft. (3) _____ ft.
W E	WELL'S STATIC WATER LEVEL... <u>15</u> ft. below land surface measured on mo/day/yr. _____
S	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
	Est. Yield <u>5.0</u> 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 <u>6 Oil field water supply</u> 9 Dewatering 12 Other (Specify below)
	2 Irrigation 4 Industrial <u>7 Domestic (lawn & garden)</u> 10 Monitoring well _____
	Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> _____; If yes, mo/day/yr
	Sample was submitted _____ Water well disinfected? Yes _____ No <input checked="" type="checkbox"/> _____



5 TYPE OF CASING USED:	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
<u>1 Steel</u>	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
<u>2 PVC</u>	4 ABS	7 Fiberglass	_____ Welded _____
Blank casing diameter <u>5</u> in. to _____ ft., Diameter _____ in. to _____ ft.			_____ Threaded _____
Casing height above land surface <u>2'</u> in., Weight <u>5.4</u> lbs./ft.			Wall thickness or guage No. _____
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless Steel	5 Fiberglass	<u>7 PVC</u>
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RM (SR)
			10 Asbestos-Cement
			11 Other (Specify) _____
			12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:			
1 Continuous slot	<u>3 Mill slot</u>	5 Gauzed wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw cut
			10 Other (specify) _____
			11 None (open hole)
SCREEN-PERFORATED INTERVALS: From <u>20</u> ft. to <u>30</u> ft., From _____ ft. to _____ ft.			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>30</u> ft., From _____ ft. to _____ ft.			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	<u>3 Bentonite</u>	4 Other _____
Grout Intervals: From <u>0</u> ft. to <u>20'</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
What is the nearest source of possible contamination: <u>None Close</u>				
1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	13 Insecticide storage
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 _____
Direction from well? _____		How many feet? _____		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil			
1	20	Brown Clay			
20	30	Gravel (water)			

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) 8/11/2008 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 451 This Water Well Record was completed on (mo/day/year) 9/18/2008 under the business name of Baldemar Well Drilling by (signature) Craig H. Cup/PI

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>.