

**WATER WELL RECORD Form WWC-5**

Original Record  Correction  Change in Well Use

Division of Water Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: Johnson	Fraction NW ¼ SE ¼ NE ¼ SE ¼	Section Number 32	Township Number T 13 S	Range Number R 22 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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**2 WELL OWNER:** Last Name: DeVaney First: Ed & Susan  
 Business: \_\_\_\_\_  
 Address: 26221 W 108th St  
 City: Olathe State: KS ZIP: 66061  
 Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:   
 14044 S Spoon Creek Rd  
 Olathe, KS 66061

<p><b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b></p> <p style="text-align: center;">N</p> <table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px;">NW</td> <td style="border: 1px solid black; padding: 5px;">NE</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">SW</td> <td style="border: 1px solid black; padding: 5px;">SE</td> </tr> </table> <p style="text-align: center;">S</p> <p style="text-align: center;">-----1 mile-----</p>	NW	NE	SW	SE	<p><b>4 DEPTH OF COMPLETED WELL:</b> ..... 200 ..... ft.</p> <p>Depth(s) Groundwater Encountered: 1) ..... ft.          2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well</p> <p>WELL'S STATIC WATER LEVEL: ..... ft.</p> <p><input type="checkbox"/> below land surface, measured on (mo-day-yr).....  <input type="checkbox"/> above land surface, measured on (mo-day-yr).....</p> <p>Pump test data: Well water was ..... ft.          after ..... hours pumping ..... gpm          Well water was ..... ft.          after ..... hours pumping ..... gpm</p> <p>Estimated Yield: ..... gpm          Bore Hole Diameter: 5.625 in. to 200 ft. and          ..... in. to ..... ft.</p>	<p><b>5 Latitude:</b> ..... 38.874285 ..... (decimal degrees)  <b>Longitude:</b> ..... -94.984851 ..... (decimal degrees)          Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27  <b>Source for Latitude/Longitude:</b>  <input type="checkbox"/> GPS (unit make/model: .....)          (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)  <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map  <input checked="" type="checkbox"/> Online Mapper: .....</p>
NW	NE					
SW	SE					
<p><b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC  <b>Source:</b> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map  <input type="checkbox"/> Other .....</p>						

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
6. <input type="checkbox"/> Dewatering: how many wells? .....	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	11. Test Hole: well ID .....
8. <input type="checkbox"/> Monitoring: well ID .....	9. Environmental Remediation: well ID .....	12. Geothermal: how many bores? ..... 6..... a) Closed Loop <input type="checkbox"/> Horizontal <input checked="" type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify): .....	

**Was a chemical/bacteriological sample submitted to KDHE?**  Yes  No If yes, date sample was submitted: .....

Water well disinfected?  Yes  No

**8 TYPE OF CASING USED:**  Steel  PVC  Other ..... CASING JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. ....

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 Steel  Stainless Steel  Fiberglass  PVC  Other (Specify) .....

Brass  Galvanized Steel  Concrete tile  None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**  
 Continuous Slot  Mill Slot  Gauze Wrapped  Torch Cut  Drilled Holes  Other (Specify) .....

Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)

**SCREEN-PERFORATED INTERVALS:** From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout Intervals: From 200 ft. to 0 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**Nearest source of possible contamination:**

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Livestock Pens	<input type="checkbox"/> Insecticide Storage
<input type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well
<input type="checkbox"/> Watertight Sewer Lines	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer Storage	<input type="checkbox"/> Oil Well/Gas Well
<input type="checkbox"/> Other (Specify) .....				

Direction from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	11	SOIL & CLAY	79	82	SHALE 142-184 SHALE
11	20	SHALE	82	93	LIME 184-191 LIME
20	26	LIME	93	97	SANDSTONE/LIME 191-192 SHALE
26	31	SHALE	97	135	LIME 192-195 LIME
31	32	LIME	135	138	SHALE 195-200 SHALE
32	37	SHALE	138	142	LIME
37	51	LIME	<b>Notes:</b> 6-200' BORES WITH 3/4" HDPE		
51	71	SHALE			
71	79	LIME			

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo-day-year) 03/04/2022 .... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 1011 ..... This Water Well Record was completed on (mo-day-year) 03/09/2022 ..... under the business name of Allens Holdings & Investments dba EE 1011. Signature *[Signature]*

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.  
 Visit us at <http://www.kdheks.gov/waterwell/index.html> KSA 82a-1212 **Revised 7/10/2015**