WATER WELL RECORD Form WWC-5 Division of Water													
☐ Original Record ☐ Correction ☐ Change in Well Use						Resources App. No.			Well ID				
1 LOCATION OF WATER WELL: Fraction County: JOHNSON nw 1/4 se 1/4 nw 1/4								ction Number   Township Number   Range Number   7   T   13   S   R   23   ■ E □ W					
2 WELL OWNER: Last Name: VERMEIRE First: DEAN Street or Rural Address where well is located (if unknown, distance and													
Business:	OWNER.	ast Name. VL	//AIF11 /F	rust.			rection from nearest town or intersection): If at owner's address, check here:						
Address:	8801 PIN	E STREET					7529 W. 108TH STREET, OLATHE, KANSAS 66061						
Address	City: LENEXA State: KS ZIP: 66220							7020 11. 100111 0111221, 02 11112, 10 110/10 00001					
3 LOCAT		T			400	400 0 2 38 03236							
WITH "						400:							
	Depth(s) Groundwater Encountered: 1)						Well Horizontal Datum: WGS 84 NAD 83 NAD 27						
	WELL'S STATIC WATER LEVEL:								Latitude/Longitude		65 LINAD 21		
	below land surface, measured on (mo-day-yr						Gro (and make motern						
NW	above land surface, measured on (mo-day-yr)						(===================================						
w w	Pump test data: Well water was						☐ Land Survey ☐ Topographic Map  Online Mapper: GOOGLE						
'	Well water was ft.							Chimic Mapper					
SW	SW  SE after hours pumping gpm								A	П.С	II and TOC		
	S Estimated Yield:0gpm Bore Hole Diameter: .5.5/8in. to400								n:ft.				
1 n	S nilel			Source: Land Survey GPS Topographic Map Other									
1 mile  in. to ft. Under													
1. Domestic: 5. Public Water Supply: well ID													
☐ Household 6. ☐ Dewatering: how many wells?							11. Test Hole: well ID						
	Lawn & Garden 7. Aquifer Recharge: well ID						Cased Uncased Geotechnical						
	☐ Livestock 8. ☐ Monitoring: well ID												
	2. ☐ Irrigation 9. Environmental Remediation: well ID 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext							b) Open Loop Surface Discharge Inj. of Water					
4. Industr			Recovery		Injection				(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 HD POLY CASING JOINTS: ☐ Glued ☐ Clamped ■ Welded ☐ Threaded													
Casing diameter													
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)													
									) ft., From	ft to			
GRAVEL PACK INTERVALS: From													
Grout Intervals: From 400 ft. to 280B ft., From 280 ft. to 180C ft., From 180 ft. to 3B ft.													
Nearest source of possible contamination:													
☐ Septic			Lateral Line Cess Pool		☐ Pit Privy ☐ Sewage L		Livestock F Fuel Storag			cide Storage oned Water			
	ight Sewer Li		Seepage Pit		☐ Sewage L ☐ Feedyard		Fuel Storage  Fertilizer S			ell/Gas Well			
☐ Other (Specify)													
Direction fro	m well?			Dis	stance from v	vell?			ft				
10 FROM	TO		LITHOLO		<u> </u>	FROM	TO	LI	THO. LOG (cont.) or	PLUGGIN	G INTERVALS		
0		SOIL/CLAY		2 LIME 0 SHALE				+-					
50		LIME SHALE	252-40	USHALE		400	3	6-4	100' BORES PLU	GGED W	ITH		
101		LIME				700	<u> </u>		SH SOLID BENT				
112		SHALE		*************				<del> '''</del>	J. I COLID DENT	<u> </u>			
126		LIME											
134		SHALE				Notes:	Notes:						
160	160 206 LIME												
206		SHALE			TEN 6 1 5-1 -	<u></u>							
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) .081/2./													
under the b	usiness nam	e of EVANS	S ENERG	Y.DEVE	LOPMEN.	[ING	Signature	24	AJA MM				
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.													
1			•		7. Mail one to	Water Well O KSA 82a-1		one f	or your records. Teleph		-5524. <b>1 7/10/2015</b>		
visit us at htt	p.//www.kanek	s.gov/waterwell/	muex.ntml			NOA 024".	414			17641260	1/10/4013		