

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

MWH

1 LOCATION OF WATER WELL: County: Johnson		Fraction NW 1/4 NE 1/4 NE 1/4	Section Number 16	Township Number T 13 S	Range Number R 24 E																																																
Distance and direction from nearest town or city street address of well if located within city? Texaco Station 13705 College Blvd Olathe, Ks.			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 38° 55' 36.5" Longitude: 94° 44' 41.6" Elevation: _____ Datum: _____ Data Collection Method: _____																																																		
2 WATER WELL OWNER: RR#, St. Address, Box # : Shell Oil Products U.S. City, State, ZIP Code : 308 Wilcox #101 Castle Rock, CO. 80104																																																					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">NW</td> <td style="width: 20px; height: 20px;">NE</td> </tr> <tr> <td style="width: 20px; height: 20px;">SW</td> <td style="width: 20px; height: 20px;">SE</td> </tr> </table> E S		NW	NE	SW	SE	4 DEPTH OF COMPLETED WELL 20' ft. Depth(s) Groundwater Encountered (1) 15' ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 18.40 ft. below land surface measured on mo/day/yr. 9-9-05 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 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr _____ Sample was submitted _____ Water well disinfected? Yes _____ No X																																															
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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	9 Other (specify below)																																																	
Blank casing diameter 2.375 in. to 5 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface Flush in., weight _____ lbs./ft. Wall thickness or guage No. Sch 40 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 Guazed 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 20' ft. to 5' ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20' ft. to 4' ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other concrete Grout Intervals: From 4' ft. to 1' ft., From 1' ft. to 0 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 16 Other (specify) 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 wll/gas well Direction from well? North How many feet? 10'																																																					
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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) 9-2-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 732 This Water Well Recored was completed on (mo/day/year) 9-11-05 Under the business name of JB Env. Services by (signature) James Baker																																																					
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.																																																					