

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Johnson	Fraction $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number 16	Township No. T 14 S	Range Number R 25 ☒ E ☐ W	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ . Former Kuhlman Diecasting Facility 16400 Mission Road, Stillwell, Kansas 66085		Global Positioning System (GPS) information: Latitude: .38,832739..... (in decimal degrees) Longitude: 94.635092..... (in decimal degrees) Elevation: 938..... Datum: ☒ WGS 84, ☐ NAD 83, ☐ NAD 27 Collection Method: ☐ GPS unit (Make/Model:) ☒ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☒ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m			
2 WATER WELL OWNER: EPA Region 7 RR#, Street Address, Box #: 11201 Renner Road City, State, ZIP Code : Lenexa, KS 66219					
3 LOCATE WELL WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 30..... ft. Depth(s) Groundwater Encountered (1) 24..... ft. (2) N/A..... ft. (3) N/A..... ft. WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr..... Pump test data: Well water was N/A..... ft. after N/A..... hours pumping N/A..... gpm EST. YIELD N/A..... gpm. Well water was N/A..... ft. after N/A..... hours pumping N/A..... gpm Bore Hole Diameter 8.25..... in. to 30..... ft., and N/A..... in. to N/A..... 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 MW-1..... Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No If yes, mo/day/yr sample was submitted N/A..... Water well disinfected? ☐ Yes ☒ No				
5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other..... CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☒ Threaded Casing diameter 2..... in. to 15..... ft., Diameter N/A..... in. to N/A..... ft., Diameter N/A..... in. to N/A..... ft. Casing height above land surface 30..... in., Weight N/A..... lbs./ft., Wall thickness or gauge No. Schedule 40..... 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 15..... ft. to 30..... ft., From N/A..... ft. to N/A..... ft. From N/A..... ft. to N/A..... ft., From N/A..... ft. to N/A..... ft. GRAVEL PACK INTERVALS: From 13..... ft. to 30..... ft., From N/A..... ft. to N/A..... ft. From N/A..... ft. to N/A..... ft., From N/A..... ft. to N/A..... ft.					
6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other Concrete 0-2 feet Grout Intervals: From 2..... ft. to 13..... ft., From N/A..... ft. to N/A..... ft., From N/A..... ft. to N/A..... 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 Diecasting Facility Direction from well Southeast Distance from well ~750-feet					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	8	Clay, black, moist, soft			
8	17	Clay with some silt, brown, moist, soft			
17	24.5	Clay with some silt, light brown, soft, wet			
24.5	30	sand			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 6-10-2013..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 759..... This Water Well Record was completed on (mo/day/year) 6/29/2013..... under the business name of RAZEK Environmental, LLC by (signature)					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. 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					