

**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.  

Well ID  

Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: Johnson	Fraction SW ¼ SW ¼ SE ¼ NW ¼	Section Number 28	Township Number T 14 S	Range Number R 25 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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**2 WELL OWNER:** Last Name: Kim First: Joon & Parr  
 Business: 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:   
 Address: 6604 W 149th St 5038 W 179th St  
 City: Overland Park State: KS ZIP: 66085 Stilwell, KS 66085

**3 LOCATE WELL WITH "X" IN SECTION BOX:**

N

NW	NE
SW	SE

S

-----1 mile-----

**4 DEPTH OF COMPLETED WELL:** ..... 360 ..... ft.

Depth(s) Groundwater Encountered: 1) ..... ft.  
 2) ..... ft. 3) ..... ft., or 4)  Dry Well

WELL'S STATIC WATER LEVEL: ..... ft.  
 below land surface, measured on (mo-day-yr).....  
 above land surface, measured on (mo-day-yr).....

Pump test data: Well water was ..... ft.  
 after ..... hours pumping ..... gpm  
 Well water was ..... ft.  
 after ..... hours pumping ..... gpm

Estimated Yield: ..... gpm  
 Bore Hole Diameter: 5.625 in. to 360 ft. and  
 ..... in. to ..... ft.

**5 Latitude:** ..... 38.8039 ..... (decimal degrees)  
**Longitude:** ..... -94.6437 ..... (decimal degrees)  
 Horizontal Datum:  WGS 84  NAD 83  NAD 27  
 Source for Latitude/Longitude:  
 GPS (unit make/model: .....)  
 (WAAS enabled?  Yes  No)  
 Land Survey  Topographic Map  
 Online Mapper: .....

**6 Elevation:** 962 ..... ft.  Ground Level  TOC  
 Source:  Land Survey  GPS  Topographic Map  
 Other KOLAR

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

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID .....
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID .....	12. Geothermal: how many bores? .... 14 total ...
	9. Environmental Remediation: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input checked="" type="checkbox"/> Vertical
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<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 H.D.P.E. CASING JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter ..... 1 ..... in. to 360 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... below 36 in. Weight SDR11 lbs./ft. Wall thickness or gauge No. 160PSI

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 ..... 360 ft. to 0 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**Nearest source of possible contamination:**  
 Septic Tank  Lateral Lines  Pit Privy  Livestock Pens  Insecticide Storage  
 Sewer Lines  Cess Pool  Sewage Lagoon  Fuel Storage  Abandoned Water Well  
 Watertight Sewer Lines  Seepage Pit  Feedyard  Fertilizer Storage  Oil Well/Gas Well  
 Other (Specify) .....

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

10 FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	soil & clay	158-160 shale	200	209	sand/green no odor
1	15	shale	160-179 lime	209	222	shale
15	24	lime	179-183 shale/black	222	228	sand/grey/ no odor
24	57	shale/40' Redbed	183-185 lime	228	360	shale
57	61	lime	185-189 shale			
61	91	shale	189-197 lime			
91	100	sand/grey wet	197-200 shale	<b>Notes:</b> 3-334' bores & 5-360' bores		
100	126	shale				
126	158	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) 07/26/2019 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 953. This Water Well Record was completed on (mo-day-year) 07/26/2019 under the business name of Allen's Holdings & Investments dba EED. 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.