

WATER WELL RECORD Form WWC-5Division of Water
Resources App. No.Well ID
MW-04D☒ Original Record ☐ Correction ☐ Change in Well Use

1 LOCATION OF WATER WELL: County: Lyon		Fraction SW 1/4 NE 1/4 SE 1/4 1/4	Section Number 4	Township Number T 16 S	Range Number R 10 <input checked="" type="checkbox"/> E <input type="checkbox"/> W															
2 WELL OWNER: Last Name: _____ First: _____ Business: Corps of Engineers Address: 601 E 12th Street City: Kansas City State: MO ZIP: 64106			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: <input type="checkbox"/> 1/2 Mi NW of RD 360 & RD D																	
3 LOCATE WELL WITH "X" IN SECTION BOX: N <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>-- NW --</td><td>-- NE --</td><td> </td></tr> <tr><td>W</td><td> </td><td>E</td></tr> <tr><td>-- SW --</td><td>-- SE --</td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> S ----- 1 mile -----					-- NW --	-- NE --		W		E	-- SW --	-- SE --					4 DEPTH OF COMPLETED WELL: 64 ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 55.57 ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr) <input type="checkbox"/> 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: 7 in. to ft. and in. to ft.		5 Latitude: N 38.68663 (decimal degrees) Longitude: W 96.30343 (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input checked="" type="checkbox"/> GPS (unit make/model: garmin) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper:	
-- NW --	-- NE --																			
W		E																		
-- SW --	-- SE --																			
6 Elevation: ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other																				
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 6. <input type="checkbox"/> Dewatering: how many wells? 7. <input type="checkbox"/> Aquifer Recharge: well ID 8. <input checked="" type="checkbox"/> Monitoring: well ID 9. Environmental Remediation: well ID <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 10. <input type="checkbox"/> Oil Field Water Supply: lease 11. Test Hole: well ID <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify):																				
Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted:																				
Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																				
8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter 2 in. to 59 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 36 in. Weight lbs./ft. Wall thickness or gauge No. sch 40																				
TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)																				
SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)																				
SCREEN-PERFORATED INTERVALS: From 59 ft. to 64 ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 55 ft. to 66 ft., From ft. to ft., From ft. to ft.																				
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other Grout Intervals: From 1 ft. to 55 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 checked="" type="checkbox"/> Other (Specify) concrete bunker																				
Direction from well? Distance from well? ft.																				
10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS															
0	4	gray																		
4	10	yellow shale																		
10	13	limestone																		
13	17	sand																		
17	26	gray shale																		
26	34	limestone																		
34	60	gray shale																		
60	64	limestone																		
64	70	shale																		
Notes:																				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) 05/31/15 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 902 This Water Well Record was completed on (mo-day-year) 06/28/15 under the business name of Traut Wells																				
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 1/20/2015																				