WATER WELL RECORD — Form WWC-5

Division of Water Resources App. No. _____

1 LOCATION OF WATER WELL: County: Stafford | Fraction: ¼ NW ¼ NW ¼ NE ¼ | Section Number: 21 | Township No.: T 23 S | Range Number: R 13 ☐E ☑W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐.
2 North, 1/2 East of St. John

Global Positioning System (GPS) information:
Latitude: ..... (in decimal degrees)
Longitude: ..... (in decimal degrees)
Elevation: .....
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:
RR#, Street Address, Box #: Debra McCandless 8817 Fairwav
City, State, ZIP Code : Leawood. Ks 66206

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

N
W | NW | NE | E
| SW | SE |
S
|——1 mile——|

4 DEPTH OF COMPLETED WELL 50 ..... ft.
Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL 8 ..... ft. below land surface measured on mo/day/yr. 8-13-12
Pump test data: Well water was..... ft. after..... hours pumping..... gpm
EST. YIELD N/A gpm. Well water was..... ft. after..... hours pumping..... gpm
Bore Hole Diameter 10 ..... in. to 50 ..... ft., and ..... in. to ..... 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 Stock
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☑ No
If yes, mo/day/yr sample was submitted.....
Water well disinfected? ☑ Yes ☐ No

5 TYPE OF CASING USED: ☐ Steel ☑ PVC ☐ Other .....
CASING JOINTS: ☑ Glued ☐ Clamped ☐ Welded ☐ Threaded
Casing diameter 5 ..... in. to 50 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface 18 ..... in., Weight SDR-26 ..... lbs./ft., Wall thickness or gauge No. .....
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 50 ..... ft. to 30 ..... ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 50 ..... ft. to 15 ..... ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other .....
Grout Intervals: From ..... ft. to ..... ft., From 15 ..... ft. to 0 ..... ft., From ..... ft. to ..... 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 None
Direction from well ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	Top soil			
4	7	Tan clay			
7	48	Sand & gravel- med to large			
48	50	Red & yellow shale			

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) 8-13-12 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134 ..... This Water Well Record was completed on (mo/day/year) 8-21-12 ..... under the business name of Rosencrantz- Bemis ..... by (signature) [signature] .....

INSTRUCTIONS: Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Depar tment of Health and E nvironment, Bureau of W ater, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Sen d one copy to W ATER WELL OWNER and r etain one for your records. I nclude fee of $5.00 for each constructed well. Vi sit us at http://www.kdheks.gov/waterwell/index.html.

KSA 82a-1212

Check: ☒ White Copy, ☐ Blue Copy, ☐ Pink Copy