WATE	R WEL	L RECORD	Form WWC-5	Division of W	ater Resources; App. No.	20070154	
1 LOCATION OF WATER WELL:			Fraction	Section Number		Range Number	
				4 34	T 28 S	R 8w E/W	
Distance and direction from nearest town or city street address of well if Global Positioning Systems (decimal degrees, min. of 4 di							
located within city? Latitude:							
5S, 1/2W of Kingman, KS				Longitude: _	Longitude:		
2 WATER WELL OWNER: Pamela S. Gradinger RR#, St. Address, Box # : 3700 Wyncott Lane				Elevation:	Elevation:		
City	State 71		Datum:	Datum:			
City, State, ZIP Code : Shawnee Mission, KS 66025 Data Collection Method:							
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL							
LOCATION NUTRI AN ((X) D) (1/2) C 1 (X) TO (X) TO (X) (X) (X)							
WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1)7.0						04/31/07	
SECTION BOX: WELL'S STATIC WATER LEVEL						y/yr. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Pump test data: Well water wasft. after							
WELL WATER TO BE USED AS: 5 Public victor symply: 9 Air conditioning 11 Injection well							
-NW NE - WELL WATER TO BE USED AS. 3 Fublic water supply 8 Air conditioning 11 injection went WELL WATER TO BE USED AS. 3 Fublic water supply 8 Air conditioning 11 injection went 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							
SWSE							
sv	Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs						
Sample was submitted							
S							
5 TYPI	E OF CAS	ING USED: 5 Wrought	fron 8 Concrete t	ile CAS	ING JOINTS: Glued	Clamped	
1	Steel	3 RMP (SR) 6 Asbestos-	Cement 9 Other (spe	cify below)	Welded.		
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped							
Blank casing diameter							
2 PVC 4 ABS 7 Fiberglass Threaded. Blank casing diameter 5 in to 144 ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 12 in., Weight 2.8 lbs./ft. Wall thickness or guage No. Sch. 40							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel 3 Stainless Steel 5 Fiberglass <u>7 PVC</u> 9 ABS 11 Other (Specify)							
2 Brass 4 Galvanized Steal 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 Gauzed 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 144 ft.							
From ft to ft From ft to ft							
From							
From ft. to ft., From ft. to ft.							
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Intervals: From							
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)							
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 well/gas well							
Direction from well? South How many feet? 120							
FROM	TO	LITHOLOGIC		OM TO	PLUGGING INT		
0	1	top soil	200	01.1	TECCONTO IIVI	Littribo	
1	5	clay					
5	18	fine sand	· · · · · · · · · · · · · · · · · · ·	Sc	hmacher TR. #2		
18	21	clay			1110		
21	60	sand and gravel		St	erling Drilling	Company	
60	65	clay			0. Box 1006		
65	164	sand and gravel			att, KS 67124		
164	104	shale bottom					
104		Jim to DOCCOIII					
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) 94/31/96 and this record is true to the best of my knowledge and belief.							
Kansas Water Well Contractor's License No 186 This Water Well Record was completed on (mo/day/year) 05/14/07							
under the business name of Kelly's Water Well Service, Inc. by (signature) Kathum Structions: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top							
INSTRUC	CTIONS: U	se typewriter or ball point pen. PLEA	SE PRESS FIRMLY and PRINT	clearly. Please fill in bl	anks, underline or circle the c	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. Visit us at							
http://www.kdheks.gov/waterwell/index.html.							