| WATER WELL RECORD | Form | WWC-5 | | Division | of Water | Resources; App. No. | | |
|--|-------------|--------------|---------------|---------------------------------|-----------|----------------------------|--------------------------|--|
| 1 LOCATION OF WATER WELL: County: LUGLAS | Fraction | _ | 1/4 | Section Nu | | Township Number | Range Number R FW | |
| Distance and direction from nearest town or city street address of well if Global Positioning Systems (decimal degrees, min. of 4 digits) located within city? | | | | | | | | |
| | | | | | | | | |
| NO.3 Subdurism in coto | y LAW | RENDE, ES | I | Longitude: | | | | |
| 2 WATER WELL OWNER: ROJER J | MANSON | y | I | Elevation: | | | | |
| RR#, St. Address, Box # : 1105 N | | , , , , , , | I | Datum: | | | | |
| City, State, ZIP Code: Laurance, Eg 66046 Data Collection Method: | | | | | | | | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL ft. | | | | | | | | |
| LOCATION | | | | | | | | |
| WITH AN "X" IN Depth(s) Groundwater Encountered (1) | | | | | | | | |
| SECTION BOX: WELL'S STATIC WA | | | | | | | | |
| Tump test data. Wen water wast. arter nours pumping gpm | | | | | | | | |
| Est. Yieldgpm: Well water was | | | | | | | | |
| Domestic 2 Feedlet 6 Oil field water gumbs 0 Downstein 12 Other (Specific below) | | | | | | | | |
| W E 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 | | | | | | | | |
| | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs | | | | | | | | |
| Sample was submitted | | | | | | | | |
| γ | | | | | | | | |
| 5 TYPE OF CASING USED: 5 Wrought I | ron | 8 Concrete | tile | | CASING | JOINTS: Glued | Clamped | |
| Steel 3 RMP (SR) 6 Asbestos- | Cement | 9 Other (spe | | | | | Clampea | |
| 2 PVC 4 ABS 7 Fiberglass | | | | | | Threaded | | |
| 2 PVC 4 ABS 7 Fiberglass Blank casing diameter in. to | ft., Dian | neter | in | . to | ft., l | Diameter | in. toft. | |
| Casing height above land surface3 77 | | | | | | | | |
| TYPE OF SCIENCE PERFORATION MATERIAL: | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 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 Guazed 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 | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| | | | | | | ft. to | | |
| _ | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | |
| Grout Intervals: From | | From | ft | t. to | ft. | , From | ft. toft. | |
| 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) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well | | | | | | | | |
| Direction from well? D. Ding | Ccuyalu | | | feet? | 13 011 | well/gas well | 4 77 EC | |
| FROM TO LITHOLOGIC | LOG | | ROM | TO | | PŁUGGING INTI | FRVALS | |
| | | | | | 1 | / ~ / 4 | | |
| | | | <i>f St</i>) | -3 | BEAS | long Holo | elue | |
| | | - | | | | | | |
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| | | | | | | | | |
| 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) | | | | | | | | |
| Kansas Water Well Contractor's Ligense No 3.5. This Water Well Record was completed in (mc day/year) | | | | | | | | |
| under the business name of PLEASE HRESS FIRMLY and PRIM Letearly. Please fit in harms indefine of circle the correct answers. Send top | | | | | | | | |
| INSTRUCTIONS: Use typewriter of ball point pen PLEAN | E HRESS FIR | MLY and PRIM | clearly | Please fill | in blanks | ander the of circle the co | orrect 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.kdhe.state.ks.us/geo/waterwells. | | | | | | | | |

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