

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <b>Douglas</b>	Fraction <b>SW ¼ NW ¼ SW ¼</b>	Section Number <b>28</b>	Township Number T <b>12</b> S	Range Number R <b>19</b> E
Distance and direction from nearest town or city street address of well if located within city? <b>1218 Tennessee, Lawrence, KS</b>		<b>Global Positioning System</b> (decimal degrees, min. of 4 digits) Latitude: <u>NA</u> Longitude: <u>NA</u> Elevation: <u>NA</u> Datum: <u>NA</u> Data Collection Method: <u>legal survey</u>		

**2 WATER WELL OWNER:** **Bodle**  
RR#, St. Address, Box # : **1218 Tennessee**  
City, State, ZIP Code : **Lawrence, KS**

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL</b> <u>230</u> ft.
	Depth(s) Groundwater Encountered 1 <u>NA</u> ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL <u>NA</u> ft. below land surface measured on mo/day/yr
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
	Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering ② Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well _____ <b>Geothermal</b>	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>	

**5 TYPE OF CASING USED:** 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
1 Steel 3 RMP (SR) 6 Asbestos-Cement ⑨ Other (specify below) Welded \_\_\_\_\_ **Fusion** \_\_\_\_\_  
2 PVC 4 ABS 7 Fiberglass **Polyethylene** Threaded \_\_\_\_\_

Blank casing diameter 3/4 in. to 230 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
Casing height below land surface 4 ft., Weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. **160 PSI**

TYPE OF SCREEN OR PERFORATION MATERIAL:  
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify) \_\_\_\_\_  
2 Brass 4 Galvanized steel 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 Gauze 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 \_\_\_\_\_ ft. to \_\_\_\_\_ ft. 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. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout ③ Bentonite 4 Other \_\_\_\_\_  
Grout Intervals From 4 ft. to 230 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

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 below)  
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well  
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	50	Brown silty clay and fine sand			
50	60	White limestone			
60	115	Gray to black shale			5-230 borings plugged
115	190	Gray silty shale			
190	200	White limestone	4	230	Bentonite
200	210	Black Shale			
210	230	Gray Silty shale			

**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) 1/9/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 1/31/12 under the business name of Larsen & Associates, Inc. by (signature) \_\_\_\_\_

**INSTRUCTIONS:** Please fill in blanks or circle the 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>.