# WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. 2010 0123

**1 LOCATION OF WATER WELL:** County: **Lane** | Fraction: ¼ NW ¼ NW ¼ SW ¼ | Section Number: **5** | Township Number: T **17** S | Range Number: R **29** ☐E ☒W

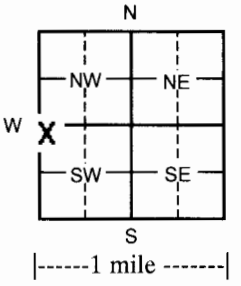
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐.

**4 miles east of Healy—turn south**

**2 WATER WELL OWNER: Lawrence Munsell**
RR#, St. Address, Box # : 39 W Road 230
City, State, ZIP Code : Healy, KS 67850-5004

**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

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




|------1 mile -------|

**4 DEPTH OF COMPLETED WELL** **165** ft.
Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
WELL'S STATIC WATER LEVEL **na** 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: ☐ Public water supply ☐ Geothermal ☐ Injection well
Domestic ☐ Feedlot ☒ Oil field water supply ☐ Dewatering ☐ Other (Specify below)
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well _____
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 **4.5** in. to **125** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface **18** in., Weight **2.38** lbs./ft. Wall thickness or gauge No. **.248**
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 | **125** | ft. to **165** ft., | From | | ft. to | ft. |
| | From | | ft. to | ft., From | | ft. to | ft. |
| GRAVEL PACK INTERVALS: | From | **20** | ft. to **165** 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 **0** ft. to **20** ft. From _____ ft. to _____ 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 | 2 | Surface | 90 | 95 | Fine to med sd w/clay & caliche lenses |
| 2 | 10 | Clay | 95 | 101 | Clay & sandstone strks |
| 10 | 21 | Caliche | 101 | 107 | Sandstone |
| 21 | 50 | Sandstone & caliche | 107 | 112 | Fine to some med sd w/sandstone strk |
| 50 | 55 | Fine sand w/sandstone strks | 112 | 119 | Sandstone |
| 55 | 64 | Sandstone & clay | 119 | 128 | Fine to some med sd w/ caliche lenses |
| 64 | 70 | Fine to med sand | 128 | 142 | Fine to med sand |
| 70 | 84 | Sandstone w/clay strks | 142 | 162 | Fine to small med sd w/clay strk (loose strks) |
| 84 | 86 | Caliche | 162 | 164 | Yellow ochre |
| 86 | 90 | clay | 164 | 170 | Black 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) 3-17-10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554 or 783**. This Water Well Record was completed on (mo/day/year) 4-13-10 under the business name of **Woofter Pump & Well Inc.** by (signature) _____.

**INSTRUCTIONS**: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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. Include fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.