

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No. **18281**

<b>1 LOCATION OF WATER WELL:</b> County: <b>Stanton</b>	Fraction <b>NW ¼ NW ¼ NE ¼</b>	Section Number <b>5</b>	Township Number <b>T 30 S</b>	Range Number <b>R 40 E</b>
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Distance and direction from nearest town or city street address of well if located within city? From Manter, appx 4 miles South & 9 Mile East  
**Global Positioning System** (decimal degrees, min. of 4 digits)  
 Latitude: 37.47490  
 Longitude: 101.71574  
 Elevation: 3344  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_

**2 WATER WELL OWNER: Robert & Janet Martin**  
 RR#, St. Address, Box # : **PO Box 446**  
 City, State, ZIP Code : **Johnson Ks 67855**

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

X

N	
NW	NE
SW	SE
S	

W E

**4 DEPTH OF COMPLETED WELL 541 ft.**

Depth(s) Groundwater Encountered 1 \_\_\_\_\_ ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL **346** ft. below land surface measured on mo/day/yr **7/11/08**

Pump test data: Well water was **383** ft. after **4** hours pumping **313** gpm

Est. Yield \_\_\_\_\_ gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

WELL WATER TO BE USED AS: **5** \_\_\_\_\_ 8 Air conditioning 11 Injection well

1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 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:**

<input checked="" type="radio"/> 1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass		Welded <input checked="" type="checkbox"/> Threaded _____

Blank casing diameter **16** in. to **541** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface **12** in., Weight **42** lbs./ft. Wall thickness or gauge No. **.250**

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

<input checked="" type="radio"/> 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:**

<input checked="" type="radio"/> 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 **328** ft. to **388** ft. From **388** ft. to **418** ft.

**GRAVEL PACK INTERVALS:** From **20** ft. to **541** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout  3 Bentonite 4 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:

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	<input checked="" type="radio"/> 14 Abandoned water well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/ gas well	

Direction from well? **North East** How many feet? **298**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Top Soil Sand			
2	55	Sand fine, clay			
55	74	Sand fine to med coarse			
74	90	Clay sticky			
90	189	Clay, sand streaks			
189	207	Sand fine to sm			
207	227	clay			
227	300	Sand fine to med coarse			
300	321	clay			
321	345	Sand fine to med coarse			
345	358	Clay few sands			
358	372	Sand fine to med coarse			
372	393	Sand fine to med w/ rock			
393	418	Soap stone w/ sand stone			
418	433	shale			
433	515	Soap stone sand stone			
515	518	Lime stone			

518	536	Soap stone and sand stone			
536	550	Red 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) 7/8/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145. This Water Well Record was completed on (mo/day/year) 07/24/08 under the business name of Henkle Drilling & Supply Co, Inc. by (signature) *B. J. Henkle*.

**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>.