

## WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: SALINE		Fraction NE $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$		Section Number 13		Township Number T 14 S		Range Number R 5 E/W																																																																															
Distance and direction from nearest town or city street address of well if located within city? 440 SANTA FE SALINA, KS 67401					<b>Global Positioning Systems (decimal degrees, min. of 4 digits)</b> Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																																																																																		
<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box # SALINA REGIONAL MEDICAL CENTER City, State, ZIP Code 440 SANTA FE SALINA, KS 67401																																																																																							
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;">             N  <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">--NW--</td> <td style="padding: 5px;">--NE--</td> </tr> <tr> <td style="text-align: center; padding: 5px;">X</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">--SW--</td> <td style="padding: 5px;">--SE--</td> </tr> </table>             S           </div>		--NW--	--NE--	X		--SW--	--SE--	<b>4 DEPTH OF COMPLETED WELL</b> 50 ft. Depth(s) Groundwater Encountered (1) 999 ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield NA 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 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 <input checked="" type="checkbox"/> If yes, mo/day/yr _____ Sample was submitted _____ Water well disinfected? Yes _____ No <input checked="" type="checkbox"/>																																																																															
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<b>5 TYPE OF CASING USED:</b> 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded <input checked="" type="checkbox"/> YES Blank casing diameter 2" in. to 35" ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 4" in., Weight SCH 40 lbs./ft. Wall thickness or gauge No. _____ <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> 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) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> 1 Continuous slot 2 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) _____ <b>SCREEN-PERFORATED INTERVALS:</b> From 50 ft. to 35 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. <b>GRAVEL PACK INTERVALS:</b> From 50 ft. to 31 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																																							
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From 50 ft. to 31 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) 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? _____ How many feet? IMMEDIATE VICINITY <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0"</td> <td>1'</td> <td>Cement</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1'</td> <td>10"</td> <td>CHOCOLATE MEDIUM PLASTIC, STIFF</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10'</td> <td>15'</td> <td>CLAY: BROWN, SANDY DAMP TR PLASTIC SOFT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15'</td> <td>31'</td> <td>CH BROWN MOIST HIGH PLASTIC SOFT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>31'</td> <td>50'</td> <td>CL BROWN TR SANDY TR PLASTIC MEDIUM STIFF</td> <td></td> <td></td> <td>MW -3R</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0"	1'	Cement				1'	10"	CHOCOLATE MEDIUM PLASTIC, STIFF				10'	15'	CLAY: BROWN, SANDY DAMP TR PLASTIC SOFT				15'	31'	CH BROWN MOIST HIGH PLASTIC SOFT				31'	50'	CL BROWN TR SANDY TR PLASTIC MEDIUM STIFF			MW -3R																																										
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10/16/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) 11/19/07 under the business name of Pratt Well Service, Inc. by (signature) <i>Pratt Well Service</i>																																																																																							
<b>INSTRUCTIONS:</b> Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline 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 <a href="http://www.kdhe.state.ks.us/geo/waterwells">http://www.kdhe.state.ks.us/geo/waterwells</a> .																																																																																							