

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Riley</u>	Fraction <u>NB 1/4 SB 1/4 SB 1/4</u>	Section Number <u>27</u>	Township Number T <u>9</u> S	Range Number R <u>7</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>Venesta Dr, Manhattan, KS</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>39.23488</u> Longitude: <u>96.62739</u> Elevation: <u>1240</u> Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: <u>Carlson HVAC</u> RR#, St. Address, Box # : <u>617 Bridge St</u> City, State, ZIP Code : <u>Clay Center, KS 67432</u> <i>Hayeman Job.</i>				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height: 80px; text-align: center; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>-- NW --</td><td>-- NE --</td><td> </td></tr> <tr><td>W</td><td> </td><td>E</td></tr> <tr><td>-- SW --</td><td>-- SE --</td><td> </td></tr> <tr><td> </td><td> </td><td>S</td></tr> </table>				-- NW --	-- NE --		W		E	-- SW --	-- SE --				S	4 DEPTH OF COMPLETED WELL <u>240</u> ft. Depth(s) Groundwater Encountered (1)..... <u>5</u> ft. (2)..... <u> </u> ft. (3)..... <u> </u> ft. WELL'S STATIC WATER LEVEL..... <u> </u> ft. below land surface measured on mo/day/yr..... Pump test data: Well water was..... <u> </u> ft. after..... <u> </u> hours pumping..... <u> </u> gpm Est. Yield..... <u> </u> gpm: Well water was..... <u> </u> ft. after..... <u> </u> hours pumping..... <u> </u> 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 <u>Geothermal</u>
-- NW --	-- NE --															
W		E														
-- SW --	-- SE --															
		S														
	Was a chemical/bacteriological sample submitted to Department? Yes No <u>X</u>; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes No <u>X</u>															

5 TYPE OF CASING USED:

5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued..... Clamped.....
1 Steel	3 RMP (SR)	6 Asbestos-Cement
2 PVC	4 ABS	7 Fiberglass
Blank casing diameter <u>3/4</u> in. to <u>240</u> ft., Diameter..... in. to ft., Diameter in. to ft.		9 Other (Specify below) <u>HDPE</u>
Casing height above land surface..... <u>60</u> in., Weight lbs./ft.		10 Asbestos-Cement
TYPE OF SCREEN OR PERFORATION MATERIAL:		11 Other (Specify)
1 Steel	3 Stainless Steel	5 Fiberglass
2 Brass	4 Galvanized Steel	6 Concrete tile
SCREEN OR PERFORATION OPENINGS ARE:		8 RM (SR)
1 Continuous slot	3 Mill slot	5 Gauzed wrapped
2 Louvered shutter	4 Key punched	6 Wire wrapped
SCREEN-PERFORATED INTERVALS: From..... ft. to ft., From..... ft. to ft.		7 Torch cut
GRAVEL PACK INTERVALS: From..... ft. to ft., From..... ft. to ft.		8 Saw Cut
		9 Drilled holes
		10 Other (specify)
		11 None (open hole)

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

Grout Intervals: From 5 ft. to 240 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	5	SHALE, GRAY	158	202	SHALE, MO. COLOR
5	6	LEASTONE	202	215	LEASTONE
6	18	SHALE, GRAY	215	230	SHALE, GRAY
18	19	LEASTONE	230	240	LEASTONE
19	70	SHALE, GRAY			
70	75	LEASTONE			
75	105	SHALE, ACT. COLOR			
105	115	LEASTONE			
115	155	SHALE, GRAY			
155	158	LEASTONE			

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) 1-18-2010 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 760..... This Water Well Record was completed on (mo/day/year) 3-10-2010 under the business name of Associated Drilling Inc by (signature) [Signature]

INSTRUCTIONS: 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 <http://www.kdheks.gov/waterwell/index.html>.