

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. XXXXXXXXXX

1 LOCATION OF WATER WELL: County: OTTAWA	Fraction SE 1/4 SW 1/4 S1/4 1/4	Section Number 22	Township Number T 10 S	Range Number R 2W E/W
Distance and direction from nearest town or city street address of well if located within city? 2129 NUGGET RD.		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: CARL PRATER RR#, St. Address, Box # : 2129 NUGGET RD. City, State, ZIP Code : SALINA, KS. 67401				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S	<table border="1" style="width: 100%; height: 100px; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>--NW--</td><td>--NE--</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>--SW--</td><td>--SE--</td><td> </td><td> </td></tr> <tr><td>X</td><td> </td><td> </td><td> </td></tr> </table>					--NW--	--NE--							--SW--	--SE--			X			
--NW--	--NE--																				
--SW--	--SE--																				
X																					
4 DEPTH OF COMPLETED WELL 70 ft.																					
Depth(s) Groundwater Encountered (1)..... 44 ft. (2)..... ft. (3)..... ft.																					
WELL'S STATIC WATER LEVEL..... 44 ft. below land surface measured on mo/day/yr... 1.1-0.205 .																					
Pump test data: Well water was..... 48ft. after..... 1 hours pumping..... 20 gpm																					
Est. Yield.. 60 ...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 .. X; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes .. X No																					

5 TYPE OF CASING USED:	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued... X ... Clamped.....
1 Steel 3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded.....
2 PVC 4 ABS	7 Fiberglass		Threaded.....
Blank casing diameter 5 in. to 60 ft., Diameter in. to ft., Diameter in. toft.			
Casing height above land surface..... 24 in., weight..... 1.60lbs./ft. Wall thickness or guage No. SDR..2.6			
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel 3 Stainless Steel 5 Fiberglass	<u>7 PVC</u>	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	<u>3 Mill slot 0.25</u>	5. Guazed 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..... 6.0 ft. to 7.0 ft., From ft. to ft.			
GRAVEL PACK INTERVALS: From..... 2.4 ft. to 4.7 ft., From 5.0 ft. to 7.0 ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other
Grout Intervals: From 0 ft. to 2.4 ft., From 4.7 ft. to 5.0 ... ft., From ft. toft.				
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 wll/gas well
Direction from well? OPEN FIELD NONE APPARENT . How many feet?				

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	TOP SOIL			
1	2	IRONSTONE			
2	8	SANDSTONE BROWN			
8	9	IRONSTONE BROWN			
9	26	SANDSTONE WITH CLAY LAYERS			
26	27	IRONSTONE BROWN			
27	35	CLAY GRAY			
35	68	SANDSTONE BROWN COARSE			
68	70	SHALE GRAY HARD			

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) **1.1-02-05**... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ...**388**..... This Water Well Recored was completed on (mo/day/year) **1.1-02-05**..... Under the business name of **PESTINGER PUMP SERVICE** by (signature) *Paul Pestinger*

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.