

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>SALINE</u>	<u>SE</u> ¼ <u>SE</u> ¼ <u>NE</u> ¼	<u>14</u>	T <u>13</u> S	R <u>1</u> E/W

Distance and direction from nearest town or city street address of well if located within city?
4685 N. AMOS RD. SOLOMON, KS SALINE COUNTY PERMIT #97-212

2 WATER WELL OWNER: CONNIE MILLER
 RR#, St. Address, Box # : 4685 N. AMOS RD.
 City, State, ZIP Code : SOLOMON, KS. 67480
 Board of Agriculture, Division of Water Resources
 Application Number:

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

4 DEPTH OF COMPLETED WELL: 40.6 ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. 26 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 26 ft. below land surface measured on 8-5-97

Pump test data: Well water was 28.6 ft. after 1 hours pumping 30 gpm

Est. Yield 50 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 5 in. to 30.6 ft., and _____ in. to _____ ft.

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
2 Irrigation	4 Industrial	7 <u>Lawn and garden only</u>
		9 Dewatering
		10 Monitoring well
		12 Other (Specify below)

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 BLANK CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued <u>X</u> Clamped _____
<u>2 PVC</u>	4 ABS	7 Fiberglass		Welded _____
				Threaded _____

Blank casing diameter 5 in. to 30.6 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 14 in., weight 160 lbs./ft. Wall thickness or gauge No. SDR 26

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	<u>7 PVC</u>	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	<u>3 Mill slot .035</u>	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From 30.6 ft. to 40.6 ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 25 ft. to 40.6 ft. From _____ ft. to _____ ft.

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

Grout Intervals: From 3 ft. to 25 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	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
<u>3 Watertight sewer lines</u>	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? NORTHWEST How many feet? 100

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	8	SANDY LOAM			
8	26	CLAY SOFT TAN TURNING TO DARK GRAY			
26	40.6	SAND FINE TO MED. LIGHT BROWN			
40.6		SHALE GRAY			

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) 7-5-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 388 This Water Well Record was completed on (mo/day/yr) 7-5-97 under the business name of PESTINGER PUMP SERVICE 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545 Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
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