

***** REVISED *****

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Saline	NW 1/4 NW 1/4 NE 1/4	12	T 13 S	R 3 W

Distance and direction from nearest town or city street address of well if located within city?
6 miles North of Salina, KS

2 WATER WELL OWNER: **Howison Heights R.W.D.**
 RR#, St. Address, Box # : **721 E. Neal**
 City, State, ZIP Code : **Salina, KS 67401**
 Board of Agriculture, Division of Water Resources
 Application Number: **42,781**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 75 ft. ELEVATION: _____
	Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
	WELL'S STATIC WATER LEVEL 15 ft. below land surface measured on mo/day/yr 12/29/00
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
	Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
	Bore Hole Diameter: 28 in. to 75 ft., and _____ in. to _____ ft.
	WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> No _____; If yes, mo/day/yr sample was submitted _____
	Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued. <input checked="" type="checkbox"/> Clamped. _____
<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter **10** in. to **35** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **12** in., weight **8.878** lbs./ft. Wall thickness or gauge No. **413**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	<input checked="" type="checkbox"/> PVC	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	<input checked="" type="checkbox"/> 3 Mill slot	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) _____	ft.

SCREEN-PERFORATED INTERVALS: From **35** ft. to **75** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **35** ft. to **75** ft., From _____ ft. to _____ ft.

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

Grout Intervals: From **6** ft. to **26** ft., From **26** ft. to **35** ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination: **50/50 sand/bentonite cement none within 1/4 mile**

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
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil			
3	10	Sand rock Rock			
10	12	Gray & yellow clay			
12	34	Soft Sandstone			
34	36	Hard Rock			
36	38	Hard Sandstone			
38	39	Hard Rock			
39	74	Sandstone			
74	75	Iron Pyrite			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **12/29/00** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. **138**. This Water Well Record was completed on (mo/day/yr) **1/3/01** under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Peters* revised **1/22/01**

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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.