

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Salina</u>	Fraction <u>SW 1/4 NE 1/4 NE 1/4</u>	Section Number <u>16</u>	Township Number T <u>1</u> S <u>4</u>	Range Number R <u>2</u> E <u>W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>E of Salina on Hwy 40 to Marymount N to Marcy Ln W</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: <u>Mehares</u> RR#, St. Address, Box # : <u>1835 E. north st</u> City, State, ZIP Code : <u>Salina KS 67401</u>				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S	4 DEPTH OF COMPLETED WELL <u>40</u> ft. Depth(s) Groundwater Encountered (1)..... <u>27</u> 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.....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) <u>10</u> 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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5 TYPE OF CASING USED: 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) _____ <u>2</u> PVC <input checked="" type="checkbox"/> 4 ABS <input type="checkbox"/> 7 Fiberglass _____	CASING JOINTS: Glued..... Clamped..... Welded..... Threaded..... <input checked="" type="checkbox"/>	Blank casing diameter <u>1</u> in. to <u>20</u> ft., Diameter..... in. to ft., Diameter in. to ft. Casing height above land surface..... <u>0</u> in., Weight.....lbs./ft. Wall thickness or gauge No. <u>Sch. 80</u>
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel <input type="checkbox"/> 3 Stainless Steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> <u>6</u> PVC <input checked="" type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (Specify) _____ 2 Brass <input type="checkbox"/> 4 Galvanized Steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 8 RM (SR) <input type="checkbox"/> 10 Asbestos-Cement <input type="checkbox"/> 12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input type="checkbox"/> <u>2</u> Mill slot <input checked="" type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 11 None (open hole) 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 8 Saw Cut <input type="checkbox"/> 10 Other (specify) _____		
SCREEN-PERFORATED INTERVALS: From..... <u>20</u> ft. to <u>40</u> ft., From ft. to ft. From..... ft. to ft., From ft. to ft.		
GRAVEL PACK INTERVALS: From..... <u>20</u> ft. to <u>40</u> ft., From ft. to ft. From..... ft. to ft., From ft. to ft.		

6 GROUT MATERIAL: 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> <u>3</u> Bentonite <input checked="" type="checkbox"/> 4 Other _____	Grout Intervals: From <u>1</u> ft. to <u>20</u> 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 <u>unknown</u>	
Direction from well? How many feet?	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>1</u>	<u>Topsoil</u>			
<u>1</u>	<u>23</u>	<u>silty clays</u>			
<u>23</u>	<u>40</u>	<u>sands</u>			

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) 5/2/06..... and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 209..... This Water Well Record was completed on (mo/day/year) 5/20/06.....
under the business name of Plains Environmental Services 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.kdhe.state.ks.us/geo/waterwells>.