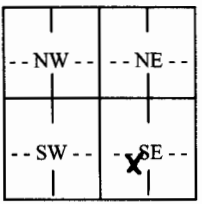


**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Saline</u>	Fraction <u>SE 1/4 SW 1/4 NE 1/4</u>	Section Number <u>6</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 E edge of Earthcare</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
<b>2 WATER WELL OWNER:</b> <u>McShanes</u> RR#, St. Address, Box # : <u>1835 E North St</u> City, State, ZIP Code : <u>Saline KS 67401</u>				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N  E S	<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>44</u> ft. Depth(s) Groundwater Encountered (1)..... <u>30</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/ys Sample was submitted..... Water well disinfected? Yes ..... No <input checked="" type="checkbox"/>
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<b>5 TYPE OF CASING USED:</b> 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) <u>2</u> PVC 4 ABS 7 Fiberglass	5 Wrought Iron 8 Concrete tile Blank casing diameter ..... <u>1</u> ..... in. to <u>24</u> ..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft. Casing height above land surface..... <u>30</u> ..... in., Weight..... lbs./ft. Wall thickness or gauge No. <u>Sch 80</u>	CASING JOINTS: Glued..... Clamped..... Welded..... Threaded..... <input checked="" type="checkbox"/>
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <u>2</u> PVC 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</u> Mill slot 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..... <u>24</u> ..... ft. to..... <u>44</u> ..... ft., From..... ft. to..... ft. From..... ft. to..... ft., From..... ft. to..... ft.		
GRAVEL PACK INTERVALS: From..... <u>22</u> ..... ft. to..... <u>44</u> ..... ft., From..... ft. to..... ft. From..... ft. to..... ft., From..... ft. to..... ft.		

<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other .....	Grout Intervals: From..... <u>1</u> ..... ft. to..... <u>22</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>TOP SOIL</u>			
<u>1</u>	<u>25</u>	<u>SILTY CLAYS</u>			
<u>25</u>	<u>44</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) 4/26/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 709 This Water Well Record was completed on (mo/day/year) 5/20/06 under the business name of Plains Environmental Services (signature) Ann Kaly

**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>.