

**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>NE 1/4 SW 1/4 NE 1/4</u>	Section Number: <u>17</u>	Township Number: <u>T 14 S</u>	Range Number: <u>R 26 E/W</u>
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Distance and direction from nearest town or city street address of well if located within city? 210 GRAYSTONE

**Global Positioning Systems** (decimal degrees, min. of 4 digits)  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_

**2 WATER WELL OWNER:** KEITH FOTH  
 RR#, St. Address, Box #: 210 GRAYSTONE  
 City, State, ZIP Code: SALINE, KS 67401

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

N	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">NW</td> <td style="width: 25%; text-align: center;">X</td> <td style="width: 25%;">NE</td> </tr> <tr> <td style="width: 25%;">SW</td> <td style="width: 25%;">SE</td> <td style="width: 25%;"> </td> </tr> </table>	NW	X	NE	SW	SE		E
NW	X	NE						
SW	SE							
W			S					

**4 DEPTH OF COMPLETED WELL** ..... 64 ..... ft.

Depth(s) Groundwater Encountered (1) 24 ..... ft. (2) ..... ft. (3) ..... ft.  
 WELL'S STATIC WATER LEVEL 24 ..... ft. below land surface measured on mo/day/yr 5-29-09  
 Pump test data: Well water was 60 ..... ft. after 1 ..... hours pumping 20 ..... 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)    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 <u>X</u> Clamped .....
1 Steel	3 RMP (SR)	6 Asbestos-Cement
<u>2 PVC</u>	4 ABS	7 Fiberglass
Blank casing diameter <u>5</u> ..... in. to <u>54</u> ..... ft., Diameter	9 Other (specify below)	Welded .....
Casing height above land surface <u>16</u> ..... in., Weight <u>160</u> ..... lbs./ft.	10 Asbestos-Cement	11 Other (Specify) .....
TYPE OF SCREEN OR PERFORATION MATERIAL:	11 Other (Specify) .....	12 None used (open hole)
1 Steel	3 Stainless Steel	5 Fiberglass
2 Brass	4 Galvanized Steel	6 Concrete tile
SCREEN OR PERFORATION OPENINGS ARE:	7 PVC	8 RM (SR)
1 Continuous slot	3 Mill slot	4 Gauzed wrapped
2 Louvered shutter	4 Key punched	6 Wire wrapped
SCREEN-PERFORATED INTERVALS: From <u>54</u> ..... ft. to <u>64</u> ..... ft., From ..... ft. to ..... ft.	7 Torch cut	9 Drilled holes
GRAVEL PACK INTERVALS: From <u>50</u> ..... ft. to <u>64</u> ..... ft., From ..... ft. to ..... ft.	8 Saw cut	10 Other (specify) .....
	11 None (open hole)	

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

Grout Intervals: From 0 ..... ft. to 23 ..... 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	
<u>3 Watertight sewer lines</u>	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/gas well	

Direction from well? WEST ..... How many feet? 25 .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	FILL DIRT			
3	15	CLAY BROWN SILTY			
15	58	SAND FINE WITH GRAY VERY SILTY			DRILLED 10" HOLE
58	61	GRAVEL BROWN			PACKED WITH 8-12 SAND
61	64	CLAY 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) 05-29-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 385 ..... This Water Well Record was completed on (mo/day/year) 05-29-09 under the business name of PESTINGER PUMP SEC. 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 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.kdheks.gov/waterwell/index.html>.