

# WATER WELL RECORD Form WWC-5

☐ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

Well ID

## 1 LOCATION OF WATER WELL:

County: **SALINE**

Fraction **SW 1/4 NW 1/4 NE 1/4 SW 1/4**

Section Number **30**

Township Number **T 14 S**

Range Number **R 2 E 1 W**

## 2 WELL OWNER: Last Name:

First:

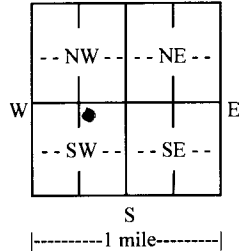
Business: **LEGACY BUILDERS**  
Address: **942 BAELOW DR.**  
Address:  
City: **SALINA** State: **Ks** ZIP: **67401**

Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: ☐

**2122 REDHAWK**

## 3 LOCATE WELL WITH "X" IN SECTION BOX:

N



## 4 DEPTH OF COMPLETED WELL:

Depth(s) Groundwater Encountered: 1) **20** ft.

2) ..... ft. 3) ..... ft., or 4) ☐ Dry Well

WELL'S STATIC WATER LEVEL: **20** ft.

☒ below land surface, measured on (mo-day-yr) **10-2-12**

☐ above land surface, measured on (mo-day-yr) .....

Pump test data: Well water was **22** ft.

after **1** hours pumping **20** gpm

Well water was ..... ft.

after ..... hours pumping ..... gpm

Estimated Yield: ..... gpm

Bore Hole Diameter: **9** in. to **56** ft. and

..... in. to ..... ft.

## 5 Latitude: ..... (decimal degrees)

Longitude: ..... (decimal degrees)

Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27

Source for Latitude/Longitude:

☐ GPS (unit make/model: .....) (WAAS enabled? ☐ Yes ☐ No)

☐ Land Survey ☐ Topographic Map

☐ Online Mapper: .....

## 6 Elevation: ..... ft. ☐ Ground Level ☐ TOC

Source: ☐ Land Survey ☐ GPS ☐ Topographic Map

☐ Other .....

## 7 WELL WATER TO BE USED AS:

### 1. Domestic:

☐ Household

☒ Lawn & Garden

☐ Livestock

### 2. ☐ Irrigation

### 3. ☐ Feedlot

### 4. ☐ Industrial

### 5. ☐ Public Water Supply: well ID .....

### 6. ☐ Dewatering: how many wells? .....

### 7. ☐ Aquifer Recharge: well ID .....

### 8. ☐ Monitoring: well ID .....

### 9. Environmental Remediation: well ID .....

☐ Air Sparge

☐ Soil Vapor Extraction

☐ Recovery

☐ Injection

### 10. ☐ Oil Field Water Supply: lease .....

### 11. Test Hole: well ID .....

☐ Cased ☐ Uncased ☐ Geotechnical

### 12. Geothermal: how many bores? .....

a) Closed Loop ☐ Horizontal ☐ Vertical

b) Open Loop ☐ Surface Discharge ☐ Inj. of Water

### 13. ☐ Other (specify): .....

Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted: .....

Water well disinfected? ☒ Yes ☐ No

## 8 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other .....

Casing diameter **5** in. to **51** ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface **16** in. Weight **160** lbs./ft. Wall thickness or gauge No. **5 DE 26**

## TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ Steel

☐ Stainless Steel

☐ Fiberglass

☒ PVC

☐ Other (Specify) .....

☐ Brass

☐ Galvanized Steel

☐ Concrete tile

☐ None used (open hole)

## SCREEN OR PERFORATION OPENINGS ARE:

☐ Continuous Slot

☒ Mill Slot **0.25**

☐ Gauze Wrapped

☐ Torch Cut

☐ Drilled Holes

☐ Other (Specify) .....

☐ Louvered Shutter

☐ Key Punched

☐ Wire Wrapped

☐ Saw Cut

☐ None (Open Hole)

SCREEN-PERFORATED INTERVALS: From **51** ft. to **56** ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From **22** ft. to **56** ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

## 9 GROUT MATERIAL:

☐ Neat cement

☐ Cement grout

☒ Bentonite

☐ Other .....

Grout Intervals: From **0** ft. to **22** ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

## Nearest source of possible contamination:

☐ Septic Tank

☐ Lateral Lines

☐ Pit Privy

☐ Livestock Pens

☐ Insecticide Storage

☐ Sewer Lines

☐ Cess Pool

☐ Sewage Lagoon

☐ Fuel Storage

☐ Abandoned Water Well

☒ Watertight Sewer Lines

☐ Seepage Pit

☐ Feedyard

☐ Fertilizer Storage

☐ Oil Well/Gas Well

☐ Other (Specify) .....

Direction from well? **EAST** Distance from well? **40** ft.

## 10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS

0	2	FILL DIET			
2	12	CLAY TAN SILTY			
12	55	SAND FINE TO MED. TAN			
55		SHALE GRAY			

Notes:

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-yr) **10-02-12** 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) **10-02-12** under the business name of **PEST-INGED PUMP SERVICE**

INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

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