

# WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

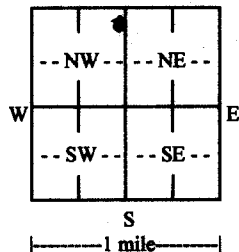
Division of Water  
Resources App. No.

Well ID

1 LOCATION OF WATER WELL: Fraction SE 1/4 NE 1/4 NW 1/4 Section Number 30 Township Number T 14 S Range Number R 8 E W  
County: SALINE

2 WELL OWNER: Last Name: OVERSTREET First: ALD 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: ☒  
Business: Address: 1520 SKY COURT  
Address: City: SALINA State: Ks ZIP: 67401  
City: SALINA State: Ks ZIP: 67401

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



4 DEPTH OF COMPLETED WELL: 58 ft.  
Depth(s) Groundwater Encountered: 1) 28 ft.  
2) ..... ft. 3) ..... ft., or 4) ☐ Dry Well  
WELL'S STATIC WATER LEVEL: 24 ft.  
☒ below land surface, measured on (mo-day-yr) 01-23-13  
☐ above land surface, measured on (mo-day-yr) .....  
Pump test data: Well water was ..... ft.  
after ..... hours pumping ..... gpm  
Well water was ..... ft.  
after ..... hours pumping ..... gpm  
Estimated Yield: ..... gpm  
Bore Hole Diameter: 9 in. to 58 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:<br><input type="checkbox"/> Household<br><input checked="" type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock | 5. <input type="checkbox"/> Public Water Supply: well ID .....                     | 10. <input type="checkbox"/> Oil Field Water Supply: lease .....                                      |
| 2. <input type="checkbox"/> Irrigation  | 6. <input type="checkbox"/> Dewatering: how many wells? .....                      | 11. Test Hole: well ID .....  |
| 3. <input type="checkbox"/> Feedlot   | 7. <input type="checkbox"/> Aquifer Recharge: well ID .....                        | <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical |
| 4. <input type="checkbox"/> Industrial  | 8. <input type="checkbox"/> Monitoring: well ID .....                              | 12. Geothermal: how many bores? .....   |
|   | 9. Environmental Remediation: well ID .....  | a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical                  |
|   | <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction | b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water        |
|   | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection               | 13. <input type="checkbox"/> 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 JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded  
Casing diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface 14 in. Weight 160 lbs./ft. Wall thickness or gauge No. 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 25 ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) .....  
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 58 ft. to 58 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
GRAVEL PACK INTERVALS: From 27 ft. to 58 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....  
Grout Intervals: From 3 ft. to 27 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? NORTH Distance from well? 40 ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	FILL DIRT			
4	26	CLAY BROWN SILTY			
26	34	SANDY LOAM TAN			
34	58	SAND FINE TO MED TAN			
58		SHALE DARK 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) 01-23-13 and this record is true to the best of my knowledge and belief.  
Kansas Water Well Contractor's License No. 328 This Water Well Record was completed on (mo-day-yr) 01-23-13  
under the business name of RESTING ROCK 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.