

**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: NE 1/4 SW 1/4 SE 1/4 Section Number: 30 Township Number: T 14 S Range Number: R 2  E  W

**2 WELL OWNER:** Last Name: BHAKTA First: CONST. 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: 1320 W. NORTH ST Address: 2280 PADDLE BROOK  
 City: SALINA State: Ks ZIP: 67401

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

-- NW --		-- NE --	
W			E
-- SW --		-- SE --	
S			

 -----1 mile-----

**4 DEPTH OF COMPLETED WELL:** 62 ft.  
 Depth(s) Groundwater Encountered: 1) ..... ft.  
 2) ..... ft. 3) ..... ft., or 4)  Dry Well  
 WELL'S STATIC WATER LEVEL: 21 ft.  
 below land surface, measured on (mo-day-yr) 07-08-15  
 above land surface, measured on (mo-day-yr) .....  
 Pump test data: Well water was 23 ft. after ..... hours pumping ..... gpm  
 Well water was ..... ft. after ..... hours pumping ..... gpm  
 Estimated Yield: ..... gpm  
 Bore Hole Diameter: 10 in. to 62 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: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input type="checkbox"/> Monitoring: well ID ..... 9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): .....
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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 5 in. to 52 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. 3 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 1000  Gauze Wrapped  Torch Cut  Drilled Holes  Other (Specify) .....  
 Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)  
 SCREEN-PERFORATED INTERVALS: From 52 ft. to 62 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 22 ft. to 62 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:**

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Livestock Pens	<input type="checkbox"/> Insecticide Storage
<input type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well
<input checked="" type="checkbox"/> Watertight Sewer Lines	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer Storage	<input type="checkbox"/> Oil Well/Gas Well
<input type="checkbox"/> Other (Specify) .....				

Direction from well? EAST Distance from well? 80 ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	FILL DIET			
4	18	CLAY BROWN AND GRAY			
18	46	SANDY LOAM TAN			
46	62	SAND FINE TO MED. TAN			
62		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-year) 07-08-15 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 308 This Water Well Record was completed on (mo-day-year) 07-08-15 under the business name of PEST. INSECT. PUMP SERVICE

Original Returned to Sender for Correction Date: