

**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.

Well ID

Original Record  Correction  Change in Well Use

**1 LOCATION OF WATER WELL:** County: SALINE Fraction: NW 1/4 NW 1/4 NE 1/4 NE 1/4 Section Number: 24 Township Number: T 14 S Range Number: R 2 E  W

**2 WELL OWNER:** Last Name: BACHELOR First: A. B. 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: 1223 WESTCHESTER DR.  
 City: SALINA State: KS ZIP: 67401 1223 WESTCHESTER DR

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

N

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

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

**4 DEPTH OF COMPLETED WELL:** 53 ft.  
 Depth(s) Groundwater Encountered: 1) 30 ft.  
 2) ..... ft. 3) ..... ft., or 4)  Dry Well  
 WELL'S STATIC WATER LEVEL: ..... ft.  
 below land surface, measured on (mo-day-yr) 30 .....  
 above land surface, measured on (mo-day-yr) .....  
 Pump test data: Well water was 35 ft.  
 after 1 hours pumping 20 gpm  
 Well water was ..... ft.  
 after ..... hours pumping ..... gpm  
 Estimated Yield: ..... gpm  
 Bore Hole Diameter: 10 in. to 53 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: .....

**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 JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter 5 in. to 43 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface 18 in. Weight 1.60 lbs./ft. Wall thickness or gauge No. S.D.R. 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, 200  Gauze Wrapped  Torch Cut  Drilled Holes  Other (Specify) .....  
 Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)  
**SCREEN-PERFORATED INTERVALS:** From 43 ft. to 53 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From 22 ft. to 53 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? NORTH WEST Distance from well? 65 ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	FILL DIET			
3	12	CLAY TAN SILTY			
12	29	SANDY LOAM TAN			
29	53	SAND FINE TO MED TAN			
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) 03-22-18 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) 03-22-18 under the business name of P.E.S.T. INC. 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.