

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No. 

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| <b>1 LOCATION OF WATER WELL:</b><br>County: <b>Saline</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | Fraction<br><b>SE ¼ SE ¼ SE ¼</b>   |          | Section Number<br><b>15</b>                                                                                                                                                | Township Number<br><b>T 14 S</b> | Range Number<br><b>R 3 E/W</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city? <b>City limits- Corner of Ohio &amp; Cloud Sts. Salina, Ks.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                     |          | Global Positioning Systems (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| <b>2 WATER WELL OWNER:</b> <b>Robert Pruett Ins. c/o</b><br>RR#, St. Address, Box # : <b>P.S.I. 146 S. 3rd.</b><br>City, State, ZIP Code : <b>Salina, Ks. 67401</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                     |          |                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br>N<br><div style="display: flex; align-items: center; justify-content: center;"> <div style="margin-right: 5px;">W</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 5px;">-- NW --</td> <td style="padding: 5px;">-- NE --</td> </tr> <tr> <td style="padding: 5px;">-- SW --</td> <td style="padding: 5px;">-- SE --</td> </tr> </table> <div style="margin-left: 5px;">E</div> </div><br>S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           | -- NW --                            | -- NE -- | -- SW --                                                                                                                                                                   | -- SE --                         | <b>4 DEPTH OF COMPLETED WELL .....52..... ft.</b><br>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL..... <b>27</b> ..... ft. below land surface measured on mo/day/yr... <b>5/26/06</b><br>Pump test data: Well water was.....ft. after..... hours pumping..... gpm<br>Est. Yield..... <b>25-30</b> gpm: Well water was.....ft. after..... hours pumping..... gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial <b>X</b> Domestic (lawn & garden) 10 Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes ..... No .. <b>X</b> ....; If yes, mo/day/yr<br>Sample was submitted..... Water well disinfected? Yes .. <b>X</b> .... No ..... |  |  |  |  |
| -- NW --                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -- NE --  |                                     |          |                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| -- SW --                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -- SE --  |                                     |          |                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b> 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued.. <b>X</b> ..... Clamped.....<br>1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.....<br><b>X</b> PVC 4 ABS 7 Fiberglass Threaded.....<br>Blank casing diameter ... <b>5</b> ..... in. to ... <b>37</b> ..... ft., Diameter..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface..... <b>36</b> ..... in., Weight..... <b>2, 37</b> .....lbs./ft. Wall thickness or gauge No. <b>214</b> .....<br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless Steel 5 Fiberglass <b>X</b> PVC 9 ABS 11 Other (Specify) .....<br>2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot <b>X</b> Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) .....<br>SCREEN-PERFORATED INTERVALS: From..... <b>37</b> ..... ft. to ..... <b>52</b> ..... ft., From ..... ft. to ..... ft.<br>From..... ft. to ..... ft., From ..... ft. to ..... ft.<br>GRAVEL PACK INTERVALS: From..... <b>20</b> ..... ft. to ..... <b>52</b> ..... ft., From ..... ft. to ..... ft.<br>From..... ft. to ..... ft., From ..... ft. to ..... ft. |           |                                     |          |                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <b>X</b> Bentonite 4 Other .....<br>Grout Intervals: From ... <b>0</b> ..... ft. to ... <b>20</b> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well .....<br>Direction from well? ..... <b>South</b> ..... How many feet? ..... <b>100'</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                     |          |                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TO        | LITHOLOGIC LOG                      | FROM     | TO                                                                                                                                                                         | PLUGGING INTERVALS               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>2</b>  | <b>Topsoil</b>                      |          |                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>25</b> | <b>Clay, tan</b>                    |          |                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| <b>25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>34</b> | <b>Clay, silty, lt. brown/black</b> |          |                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| <b>34</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>37</b> | <b>Shale, gray</b>                  |          |                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| <b>37</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>47</b> | <b>River gravel, tan/red</b>        |          |                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| <b>47</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>50</b> | <b>Sand, medium, tan</b>            |          |                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| <b>50</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>53</b> | <b>River gravel, tan/red</b>        |          |                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| <b>53</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>55</b> | <b>Shale, gray</b>                  |          |                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was ( <b>X</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) .... <b>5/27/06</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <b>138</b> ..... This Water Well Record was completed on (mo/day/year) .... <b>5/30/06</b> ..... under the business name of <b>Peterson Irrigation, Inc.</b> by (signature) <i>Mike Peterson</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                     |          |                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| <b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top 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 <u>constructed</u> well. Visit us at <a href="http://www.kdhe.state.ks.us/geo/waterwells">http://www.kdhe.state.ks.us/geo/waterwells</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                     |          |                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |