

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Saline		Fraction NE $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$		Section Number 13	Township Number T 14 S	Range Number R 3 E/W						
Distance and direction from nearest town or city street address of well if located within city? 510 S. Santa Fe Ave., Salina, KS				Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____								
2 WATER WELL OWNER: Sears Roebuck & Co. RR#, St. Address, Box # 3333 Beverly Road City, State, ZIP Code Hoffman Estates, IL 60179												
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <div style="border: 1px solid black; padding: 5px; text-align: center;"> <table style="margin: auto;"> <tr> <td style="padding: 2px;">NW</td> <td style="padding: 2px;">NE</td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td style="padding: 2px;">SW</td> <td style="padding: 2px;">SE</td> </tr> </table> </div> S		NW	NE	X		SW	SE	4 DEPTH OF COMPLETED WELL 49.4 ft.				
NW	NE											
X												
SW	SE											
Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 41.58 ft. below land surface measured on mo/day/yr 5-21-07 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn& garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr _____ Sample was submitted _____ Water well disinfected? Yes _____ No <input checked="" type="checkbox"/>												
5 TYPE OF CASING USED:												
1 Steel 3 RMP (SR)		5 Wrought Iron 8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____								
2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Welded _____ Threaded <input checked="" type="checkbox"/>								
7 Fiberglass												
Blank casing diameter 2 in. to 29.4 ft., Diameter. _____ in. to _____ ft., Diameter _____ in. to _____ ft.												
Casing height above land surface _____ in., Weight _____ lbs./ft. Wall thickness or gauge No. SCH40												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
1 Steel 3 Stainless Steel 5 Fiberglass		7 PVC 9 ABS		11 Other (Specify) _____								
2 Brass 4 Galvanized Steel 6 Concrete tile		8 RM (SR) 10 Asbestos-Cement		12 None used (open hole)								
SCREEN OR PERFORATION OPENINGS ARE:												
1 Continuous slot 3 Mill slot 5 Gauzed wrapped		7 Torch cut 9 Drilled holes		11 None (open hole)								
2 Louvered shutter 4 Key punched 6 Wire wrapped		8 Saw Cut 10 Other (specify) _____										
SCREEN-PERFORATED INTERVALS: From 49.4 ft. to 29.4 ft., From _____ ft. to _____ ft.												
GRAVEL PACK INTERVALS: From 50 ft. to 27.0 ft., From _____ ft. to _____ ft.												
FROM _____ ft. to _____ ft., From _____ ft. to _____ ft.												
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Cement												
Grout Intervals: From 27.0 ft. to 0.5 ft., From 0.5 ft. to 0 ft., From _____ ft. to _____ ft.												
What is the nearest source of possible contamination:												
1 Septic tank 4 Lateral lines 7 Pit privy		10 Livestock pens 13 Insecticide Storage		16 Other (specify below) _____								
2 Sewer lines 5 Cess pool 8 Sewage lagoon		11 Fuel storage 14 Abandoned water well		Parking lot								
3 Watertight sewer lines 6 Seepage pit 9 Feedyard		12 Fertilizer Storage 15 Oil well/gas well										
Direction from well? Immediate vicinity		How many feet? Immediate vicinity										
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS							
0	0.5	Asphalt surface	50	27.0	10/20 Sand							
0.5	10	Brown and grey clay fill	27.0	0.5	3/8 Bentonite chips							
10	15	Brown lean clay	0.5	0	Cement							
15	20	Brown silty clay										
20	25	Brown lean clay										
25	35	Brown silty clay										
35	39	Grey/brown sandy clay			MW-2							
39	49.4	Brown sand										
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 5-16-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) 6-7-07 under the business name of Pratt Well Environmental by (signature) <i>Pratt Well Environmental</i>												
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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 constructed well. Visit us at http://www.kdhe.state.ks.us/geo/waterwells												