

WATER WELL RECORD

Form WWC-5

KSA 82a-1212

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Saline		NE 1/4 SW 1/4 SW 1/4		12		T 14 S		R 3 W	
Distance and direction from nearest town or city street address of well if located within city? Approximately 200 ft. south of the intersection of 5th Street and Elm Street, Salina, Kansas.									
2 WATER WELL OWNER:		Brown Welding Supply, LLC							
RR#, St. Address, Box # :		200 S. Santa Fe, Suite 4				Board of Agriculture, Division of Water Resources			
City, State, ZIP Code :		Salina, KS 67401				Application Number: NA			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX		4 DEPTH OF COMPLETED WELL 40 ft. ELEVATION							
<div style="text-align: center;"> </div>		Depth(s) Groundwater Encountered 1...34... ft. 2... ft. 3... ft.							
		WELL'S STATIC WATER LEVEL...34... ft. below land surface measured on mo/day/yr...10/12/05...							
		Pump test data: Well water was...ft. after... hours pumping... gpm							
		Est. Yield:..... gpm: Well water was...ft. after... hours pumping... gpm							
		Bore Hole Diameter.....3.25...in. to...40... ft., and..... in. to... ft.							
		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 Lawn and garden only <u>10</u> Monitoring well							
		Was a chemical/bacteriological sample submitted to Department? Yes..... No...X... If yes, mo/day/yr sample was submitted..... Water well disinfected? Yes..... No.....							
5 TYPE OF BLANK CASING USED:		5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued...Clamped.....							
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.....									
<u>2</u> PVC 4 ABS 7 Fiberglass Threaded.....X.....									
Blank casing diameter.....1... in. to ...30... ft., Dia..... in. to..... ft., Dia..... in. to..... ft.									
Casing height above land surface.....0..... in., weight..... lbs./ft., Wall thickness or gauge No...SCH 80.....									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement									
2 Brass 4 Galvanized steel Concrete tile 9 ABS 11 Other (specify)									
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauze wrapped 8 Saw cut 11 None (open hole)									
1 Continuous slot <u>3</u> Mill slot 6 Wire wrapped 9 Drilled holes									
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)									
SCREEN PERFORATED INTERVALS: From.....30.....ft. to40..... ft., From.....ft. to.....ft.									
GRAVEL PACK INTERVALS: From.....ft. to.....ft., From.....ft. to.....ft.									
From.....28.....ft. to40..... ft., From.....ft. to.....ft.									
From.....ft. to.....ft., From.....ft. to.....ft.									
6 GROUT MATERIAL:		1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other							
Grout Intervals: From.....1.....ft. to.....28..... ft., From.....ft. To.....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 14 Abandoned water well									
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)									
13 Insecticide storage									
Direction from well? How many feet?									
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS			
0	4	silty clay							
4	5.5	sand							
5.5	7	clay							
7	11	sand							
11	12	clay							
12	13	sand							
13	18	clay							
18	40	sand and gravel							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year).....9/19/05..... and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No.....709..... This Water Well Record was completed on (mo/day/yr).....10/7/05.....									
under the business name of: Plains Environmental Services, Inc. by (signature)									
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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545.									
Send one to WATER WELL OWNER and retain one for your records.									

OFFICE USE ONLY

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