

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number
County: <u>Saline</u>		<u>SW ¼</u>	<u>SE ¼</u>	<u>12</u>	<u>T 14 S</u>	<u>R 03W E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>Approx. 25 ft N. from the NE corner of 5th & Ash St., Salina, Ks</u>				Global Positioning System (decimal degrees, min. of 4 digits)		
2 WATER WELL OWNER: <u>Brown Welding Supply</u> RR#, St. Address, Box # : <u>200 S. Santa Fe, Suite 4</u> City, State, ZIP Code : <u>Salina, KS 67401</u>				Latitude: <u>N 38.8430</u>		
				Longitude: <u>W 97.60781</u>		
				Elevation: <u>1222.62</u>		
				Datum: <u>above mean sea level</u>		
Data Collection Method: <u>legal survey</u>						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>40</u> ft.				
<div style="text-align: center;"> </div>		BWS-3R				
		Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft.				
		WELL'S STATIC WATER LEVEL <u>NM</u> ft. below land surface measured on mo/day/yr				
		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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)				
		2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <u>10</u> Monitoring well				
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr				
		Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>				
5 TYPE OF CASING USED:		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 <u>X</u>				
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height below land surface _____ ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 3 Stainless steel 5 Fiberglass <u>7</u> 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 <u>3</u> Mill slot 5 Gauze 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 _____ 30 ft. to _____ 40 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS:						
From _____ 28 ft. to _____ 40 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 <u>4</u> Other Concrete:						
Grout Intervals From _____ 0 ft. to _____ 1 ft. From _____ 1 ft. to _____ 28 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						
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well						
Direction from well? _____ How many feet? _____						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	4	Silty Clay				
4	5.5	Sand				
5.5	6.5	Clay			This well was re-installed. Original well installed on 9/19/05 and plugged on 12/4/08	
6.5	12	Sand				
12	13	Clay				
13	15	Sand				
15	19	Clay				
19	40	Sand and Gravel				
					Flushmount waiver from BOW	
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) <u>2/12/09</u> and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>2/20/09</u>						
under the business name of <u>Larsen & Associates, Inc.</u> by (signature) _____						
INSTRUCTIONS: Please fill in blanks 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.kdheks.gov/waterwell .						