

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

| | | | | | | | | | | | | | |
|--|----|---|------|---|---|--|--|----|--|--|--|--|--|
| 1 LOCATION OF WATER WELL: County: Saline | | Fraction ¼ NW ¼ NE ¼ SW ¼ | | Section Number 12 | Township No. T 14 S | Range Number R 3 <input type="checkbox"/> E <input checked="" type="checkbox"/> W | | | | | | | |
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 25' W & 50' S from the SW corner of the property at 403 N. Third St., Salina, KS | | | | Global Positioning System (GPS) information: Latitude: 38.84766..... (in decimal degrees) Longitude: -97.60625..... (in decimal degrees) Elevation: 1223.00..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input checked="" type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: MMCE.....) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m | | | | | | | | | |
| 2 WATER WELL OWNER: KDHE-BER RR#, Street Address, Box #: 1000 SW Jackson. Suite 410 City, State, ZIP Code : Topeka, KS 66612-1367 | | | | | | | | | | | | | |
| 3 LOCATE WELL WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td colspan="2">NW</td><td colspan="2">NE</td></tr> <tr><td colspan="2">SW</td><td colspan="2">SE</td></tr> </table> S -----1 mile----- | | NW | | NE | | SW | | SE | | 4 DEPTH OF COMPLETED WELL 69..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 27..... ft. below land surface measured on mo/day/yr. 7/13/09..... 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 6..... in. to 69..... ft., and in. to ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input checked="" type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| NW | | NE | | | | | | | | | | | |
| SW | | SE | | | | | | | | | | | |
| 5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter 2..... in. to 59..... ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface. Flushmount..... in., Weight lbs./ft., Wall thickness or gauge No. Sch. 40..... TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous slot <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) SCREEN-PERFORATED INTERVALS: From 59..... ft. to 69..... ft., From ft. to ft. From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 57..... ft. to 69..... ft., From ft. to ft. From ft. to ft., From ft. to ft. | | | | | | | | | | | | | |
| 6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Quickcrete..... Grout Intervals: From 0..... ft. to 2..... ft., From 2..... ft. to 57..... ft., From ft. to ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input checked="" type="checkbox"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well Direction from well Distance from well | | | | | | | | | | | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS | | | | | | | | |
| 0 | 3 | Silt, dark brown, highly organic, silty fine sand, gravel rubble pieces, tar odor | 45 | 60 | Sand, silty, grey, fine grain saturated, slight oil odor | | | | | | | | |
| 3 | 12 | Clay, brown to light brown, slight tar odor | 60 | 69 | Sand, slightly silty, fine to coarse grain, rounded, saturated | | | | | | | | |
| 12 | 17 | Silt, tan, sandy, very fine, clayey | | | | | | | | | | | |
| 17 | 25 | Clay, tan, silty, moist | | | | | | | | | | | |
| 25 | 35 | Clay, tan to grey, very moist | | | MW-10D | | | | | | | | |
| 35 | 45 | Silt, grey, slightly clayey, fine grain sand, saturated, oil odor | | | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 07/13/2009..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. KDHE-BER This Water Well Record was completed on (mo/day/year) 08/20/2009..... under the business name of KDHE..... by (signature) <i>[Signature]</i> | | | | | | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html . | | | | | | | | | | | | | |