

WATER WELL RECORD Form WWC-5

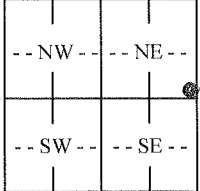
☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water
Resources App. No.

Well ID

1 LOCATION OF WATER WELL: County: <u>SALINE</u>		Fraction: <u>SE 1/4 SE 1/4 NE 1/4</u>	Section Number: <u>22</u>	Township Number: <u>T 14 S</u>	Range Number: <u>R 3 E</u> <input checked="" type="checkbox"/> W
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2 WELL OWNER: Last Name: <u>DIVILBIO</u> First: <u>DAVID</u> Business: _____ Address: <u>935 HEMLOCK DR.</u> City: <u>SALINA</u> State: <u>KS</u> ZIP: <u>67401</u>		Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input checked="" type="checkbox"/> <u>935 HEMLOCK DR.</u>
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3 LOCATE WELL WITH "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <u>91</u> ft. Depth(s) Groundwater Encountered: 1) <u>35</u> ft. 2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: _____ ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>03-14-12</u> <input type="checkbox"/> above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: _____ in. to _____ ft. and _____ in. to _____ ft.	5 Latitude: _____ (decimal degrees) Longitude: _____ (decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: _____
	6 Elevation: _____ ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____	

7 WELL WATER TO BE USED AS:

1. Domestic: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	2. Irrigation	3. Feedlot	4. Industrial	5. <input type="checkbox"/> Public Water Supply: well ID _____	6. <input type="checkbox"/> Dewatering: how many wells? _____	7. <input type="checkbox"/> Aquifer Recharge: well ID _____	8. <input type="checkbox"/> Monitoring: well ID _____	9. Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease _____	11. Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical	12. Geothermal: how many bores? _____ a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water	13. <input type="checkbox"/> Other (specify): _____
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Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted: _____
 Water well disinfected? ☒ Yes ☐ No

8 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other _____ CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded
 Casing diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface _____ in. Weight _____ lbs./ft. Wall thickness or gauge No. S&C 26
TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☒ PVC ☐ Other (Specify) _____
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
☐ Continuous Slot ☒ Mill Slot 0.25 ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) _____
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____
 Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
Nearest source of possible contamination:
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well
☒ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well
☐ Other (Specify) _____
 Direction from well? SOUTH Distance from well? 20 ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	TOP SOIL			
2	45	CLAY TAN FIRM			
45	75	CLAY TAN SILTY w/SM SAND LAYER			
75	91	CLAY TAN AND SAND LAYER			
Notes:					

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) 03-14-12 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 388 This Water Well Record was completed on (mo-day-year) 03-14-12
 under the business name of PESTINGUERE PUMP SERVICE

INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

Revised 9/10/2012