

WATER WELL RECORD *XD-H6* **Form WWC-5**

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: <i>SALINE</i> Fraction <i>SE 1/4 SW 1/4 NW 1/4</i> 1/4 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"/> <i>501 N. Santa Fe</i> <i>SALINA KS 67401</i>	Section Number <i>12</i> Township No. <i>T 14 S</i> Range Number <i>R 3</i> <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Global Positioning System (GPS) information: Latitude: <i>38° 50' 56"</i> (in decimal degrees) Longitude: <i>97° 36' 34"</i> (in decimal degrees) Elevation: <i>1222'</i> Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: <i>I-Phone</i>) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m
2 WATER WELL OWNER: RR#, Street Address, Box #: <i>4111 E. 37th St North</i> City, State, ZIP Code: <i>Wichita KS 67220</i>		

3 LOCATE WELL WITH AN "X" IN SECTION BOX:

N

	NW	NE	
W	X		E
	SW	SE	
	S		

|-----1 mile-----|

4 DEPTH OF COMPLETED WELL *50'* ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.

WELL'S STATIC WATER LEVEL.... *32'* ft. below land surface measured on mo/day/yr... *8/6/2014*

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 *8"* in. to *50'* ft., and..... in. to..... ft.

WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well *EXTRACTION*

Was a chemical/bacteriological sample submitted to Department? Yes No

If yes, mo/day/yr sample was submitted.....

Water well disinfected? Yes No

5 TYPE OF CASING USED: Steel PVC Other *STAINLESS STEEL*

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter *4"* in. to *37'* ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.

Casing height above land surface *24"* in., Weight.....lbs./ft., Wall thickness or gauge No. *304*

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify).....
 Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify).....

SCREEN-PERFORATED INTERVALS: From *37'* ft. to *50'* ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From *32'* ft. to *50'* ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other *CLASS H / SILICA FLUOR GROUT*

Grout Intervals: From *0'* ft. to *32'* ft., From..... ft. to..... ft., From..... ft. to..... ft.

What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well *N/A*

Direction from well..... Distance from well.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	6'	CONCRETE			
6'	4'	CLAY (BROWN)			
4'	12'	Silty CLAY BROWN			
12'	27'	Brown CLAY / Silty CLAY			
27'	50'	SAND			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) *8/6/2014* and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. *793*..... This Water Well Record was completed on (mo/day/year) *8/24/14* under the business name of *Carley Pump Service*..... by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ball point pen. **PLEASE PRESS FIRMLY** and **PRINT** clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. 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>

