**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: Saline | Fraction: SE¼NW¼SE¼SE¼ | Section Number: 36 | Township Number: T 14 S | Range Number: R 3 ☐E ☑W |
|---|---|---|---|---|

**2 WELL OWNER:** Last Name: Hecker First: Gary
Business: Address: 2201 Redhawk Ln
Address:
City: Salina State: K ZIP: 67401

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: ☐
819 Rittgers

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

N
NW | NE
W | E
SW | SE
S
1 mile

**4 DEPTH OF COMPLETED WELL:** 51 ft.
Depth(s) Groundwater Encountered: 1) 24 ft. 2) ..... ft. 3) ..... ft., or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: 24' ft.
☑ below land surface, measured on (mo-day-yr) 4-23-15
☐ above land surface, measured on (mo-day-yr) .....
Pump test data: Well water was 24 ft. after 1 hours pumping 35 gpm
Well water was ..... ft. after ..... hours pumping ..... gpm
Estimated Yield: ..... gpm
Bore Hole Diameter: 9 in. to 51 ft. and ..... in. to ..... ft.

**5 Latitude:** ..... (decimal degrees)
**Longitude:** ..... (decimal degrees)
Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27
Source for Latitude/Longitude:
☐ GPS (unit make/model: .....) (WAAS enabled? ☐ Yes ☐ No)
☐ Land Survey ☐ Topographic Map
☐ Online Mapper: .....

**6 Elevation:** ..... ft. ☐ Ground Level ☐ TOC
Source: ☐ Land Survey ☐ GPS ☐ Topographic Map ☐ Other ..... Topograph

**7 WELL WATER TO BE USED AS:**
1. Domestic: ☐ Household ☑ Lawn & Garden ☐ Livestock
2. ☐ Irrigation
3. ☐ Feedlot
4. ☐ Industrial
5. ☐ Public Water Supply: well ID .....
6. ☐ Dewatering: how many wells? .....
7. ☐ Aquifer Recharge: well ID .....
8. ☐ Monitoring: well ID .....
9. Environmental Remediation: well ID ..... ☐ Air Sparge ☐ Soil Vapor Extraction ☐ Recovery ☐ Injection
10. ☐ Oil Field Water Supply: lease .....
11. Test Hole: well ID ..... ☐ Cased ☐ Uncased ☐ Geotechnical
12. Geothermal: how many bores? ..... a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water
13. ☐ Other (specify): .....

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 5 in. to 51 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface 20 in. Weight ~~.....~~ 2.38 lbs./ft. Wall thickness or gauge No. SDR 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 ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) .....
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)
SCREEN-PERFORATED INTERVALS: From 45 ft. to 51 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 25 ft. to 51 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other .....
Grout Intervals: From 5 ft. to 25 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? 100' South Distance from well? South 100' ft.

| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---|---|---|---|---|---|
| 0 | 2 | fill dirt | | | |
| 2 | 20 | Okay Brown silty | | | |
| 20 | 28 | sandy loam | | | |
| 28 | 35 | very fine sand | | | |
| 35 | 51 | sand medium with some coarse | | | |
| | | | 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) 4-23-15 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 850 This Water Well Record was completed on (mo-day-year) 5-11-15 under the business name of Legacy Builders Inc. (formerly Hecker Const.)

Mail 1 white copy along with a fee of $5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.

Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 1/20/2015