

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number						
County: SALINE		NW 1/4 NW 1/4 NW 1/4	36	T 14 S	R 3 E/W						
Distance and direction from nearest town or city street address of well if located within city? 2434 HIGHLAND											
2 WATER WELL OWNER: PAT WALKER RR#, St. Address, Box # 2434 HIGHLAND City, State, ZIP Code SALINA, KS. 67401 Board of Agriculture, Division of Water Resources Application Number:											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 62.9 ft. ELEVATION: 1241									
<div style="text-align: center;">N 1 Mile W E S</div> <table border="1" style="margin: auto; text-align: center;"><tr><td>X</td><td></td></tr><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		X		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. 24.2 ft. 2. ft. 3. ft.			
		X									
		NW	NE								
		SW	SE								
WELL'S STATIC WATER LEVEL 24.2 ft. below land surface measured on mo/day/yr 6-26-98											
Pump test data: Well water was 50 ft. after 1 hours pumping 20 gpm											
Est. Yield 25 gpm: Well water was ft. after hours pumping gpm											
Bore Hole Diameter 9 in. to 63 ft. and in. to ft.											
WELL WATER TO BE USED AS:											
1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well											
2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)											
7 <u>Lawn and garden only</u> 10 Monitoring well											
Was a chemical/bacteriological sample submitted to Department? Yes.....No X; If yes, mo/day/yr sample was submitted											
Water Well Disinfected? Yes X No											
5 TYPE OF BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped											
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded											
7 Fiberglass Threaded											
Blank casing diameter 5 in. to 50 ft. Dia. in. to ft. Dia. in. to ft.											
Casing height above land surface 18 in. weight 160 lbs./ft. Wall thickness or gauge No. SDR 26											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement											
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)											
9 ABS 12 None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
1 Continuous slot 3 Mill slot .035 5 Gauzed wrapped 8 Saw cut 11 None (open hole)											
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes											
7 Torch cut 10 Other (specify)											
SCREEN-PERFORATED INTERVALS: From 50 ft. to 62.7 ft. From ft. to ft.											
From ft. to ft. From ft. to ft.											
GRAVEL PACK INTERVALS: From 40 ft. to 62.9 ft. From ft. to ft.											
From ft. to ft. From ft. to ft.											
6 GROUT MATERIAL:											
1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other											
Grout Intervals: From 0 ft. to 24 ft. From ft. to 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 14 Abandoned water well											
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well											
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)											
13 Insecticide storage											
Direction from well? SOUTHWEST How many feet? 40											
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS											
0 2 FILL DIRT											
2 23 CLAY TAN SILTY											
23 35 SAND FINE TAN											
35 36 CLAY GRAY SOFT											
36 63 SAND FINE TAN											
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) 6-26-98 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/yr) 6-26-98 under the business name of PESTINGER PUMP SERVICE by (signature) <i>Paul Pestinger</i>											
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.											

OFFICE USE ONLY

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E/W

SEC.

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