

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Saline</u>	Fraction <u>NE 1/4 NW 1/4 NE 1/4</u>	Section Number <u>9</u>	Township Number T <u>14</u> S	Range Number R <u>4</u> E <input checked="" type="radio"/>
Distance and direction from nearest town or city street address of well if located within city?		Global Positioning Systems (decimal degrees, min. of 4 digits)		
		Latitude: <u>38.85510</u>		
		Longitude: <u>97.76756</u>		
		Elevation: _____		
		Datum: _____		
		Data Collection Method: <u>W6584</u>		

2 WATER WELL OWNER: RR#, St. Address, Box # : <u>Rolling Hills Zoo</u> <u>625 HEADVILLE RD</u> City, State, ZIP Code : <u>SALINA, KS. 67401</u>	4 DEPTH OF COMPLETED WELL <u>250</u> ft. Depth(s) Groundwater Encountered (1)..... _____ ft. (2)..... _____ ft. (3)..... _____ ft. WELL'S STATIC WATER LEVEL..... _____ ft. below land surface measured on mo/day/yr..... _____ Pump test data: Well water was..... _____ ft. after..... _____ hours pumping..... _____ gpm Est. Yield..... _____ gpm: Well water was..... _____ ft. after..... _____ hours pumping..... _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering <u>12 Other (Specify below)</u> 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well <u>Closed loop geothermal</u>										
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; height: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 50%; height: 50px; vertical-align: middle;"> <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">-- NW --</td> <td style="width: 50%; text-align: center;">-- NE --</td> </tr> <tr> <td style="width: 50%; text-align: center;">-- SW --</td> <td style="width: 50%; text-align: center;">-- SE --</td> </tr> </table> </td> <td style="width: 50%; text-align: center; vertical-align: middle;"> <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">X</td> <td style="width: 50%;"></td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> </td> </tr> </table>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">-- NW --</td> <td style="width: 50%; text-align: center;">-- NE --</td> </tr> <tr> <td style="width: 50%; text-align: center;">-- SW --</td> <td style="width: 50%; text-align: center;">-- SE --</td> </tr> </table>	-- NW --	-- NE --	-- SW --	-- SE --	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">X</td> <td style="width: 50%;"></td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>	X				Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yrs Sample was submitted..... Water well disinfected? Yes No <input checked="" type="checkbox"/>
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-- SW --	-- SE --										
X											

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement <u>8 Other (Specify below)</u> 2 PVC 4 ABS 7 Fiberglass <u>HDPE</u>	5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..... Clamped..... Welded..... <input checked="" type="checkbox"/> Threaded.....	Blank casing diameter..... <u>3/4</u> in. to <u>250</u> ft., Diameter..... in. to _____ ft., Diameter..... in. to _____ ft. Casing height above land surface..... <u>60</u> in., Weight..... lbs./ft. Wall thickness or gauge No. <u>SDR11</u>
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)..... 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify).....		
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.		

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other..... Grout Intervals: From..... <u>5</u> ft. to..... <u>250</u> 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 13 Insecticide storage <u>16 Other (specify below)</u> 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well <u>BUILDING</u> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well
Direction from well? <u>SOUTH</u>	How many feet? <u>42</u>

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	40	CLAY			
40	45	SHALE, GRAY			
45	47	LIMESTONE			
47	70	SHALE, RED TO GRAY			18 HOLES TO 250 FEET
70	72	LIMESTONE			
72	191	SHALE			
191	193	LIMESTONE			
193	250	SHALE			

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) 9/22/2010 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 760. This Water Well Record was completed on (mo/day/year) 10-20-2010 under the business name of Associated Drilling Inc by (signature) [Signature]

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.