

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

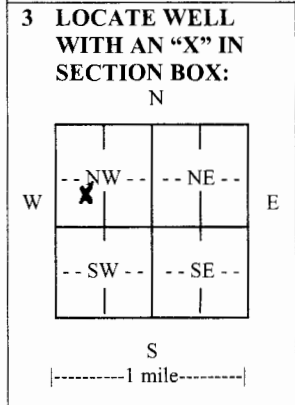
47,570

1 LOCATION OF WATER WELL: County: Saline	Fraction $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number 19	Township No. T 15 S	Range Number R 2 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .
1 mile East & 1/2 mile South of Mentor, KS

Global Positioning System (GPS) information:
 Latitude: (in decimal degrees)
 Longitude: (in decimal degrees)
 Elevation:
 Datum: WGS 84, NAD 83, NAD 27
 Collection Method:
 GPS unit (Make/Model:)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: **Ade Alfalfa**
 RR#, Street Address, Box #: **6832 E. Mentor Rd.**
 City, State, ZIP Code : **Gypsum, KS 67448**



4 DEPTH OF COMPLETED WELL **49** ft.

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

WELL'S STATIC WATER LEVEL..... **25**ft. below land surface measured on mo/day/yr **6/6/11**.....

Pump test data: Well water was.....ft. after..... hours pumping..... gpm

EST. YIELD. **250-300** gpm. Well water was.....ft. after..... hours pumping..... gpm

Bore Hole Diameter **20**in. toft., andin. toft.

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

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

CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter ...**10**..... in. to ...**29**..... ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface...**12**..... in., Weight ...**8.878**.....lbs./ft., Wall thickness or gauge No. ...**413**.....

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...**29**..... ft. to **49**..... ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From...**21**..... ft. to **49**..... ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From ...**0**..... ft. to ...**21**..... ft., From ft. to ft., From ft. toft.

What is the nearest source of possible contamination: **None within 1/4 mile**

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Insecticide storage	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Cesspool	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Fuel storage	<input type="checkbox"/> Abandoned water well	
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer storage	<input type="checkbox"/> Oil well/gas well	

Direction from well Distance from well

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	Topsoil			
3	15	Silty clay			
15	33	Clay, brown			
33	48	Sand, coarse w/river gravel			
48	50	Shale, hard grey			

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) ...**6/6/11**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **138**..... This Water Well Record was completed on (mo/day/year) ...**6/20/11**..... under the business name of **Peterson Irrigation, Inc.**..... by (signature).....

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 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>.