

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: SW 1/4 NE 1/4 NW 1/4 Section Number: 14 Township Number: T 15 S Range Number: R 3 E W

2 WELL OWNER: Last Name: BRADLEY First: JAKE
 Business: _____ Address: _____ City: _____ State: _____ ZIP: _____
 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:
1/4 MILE EAST OF INTERSECTION CENTENNIAL RD AND FARRELLY RD. 600' SOUTH OF FARRELLY

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

 W E
 S
 1 mile

4 DEPTH OF COMPLETED WELL: 64 ft.
 Depth(s) Groundwater Encountered: 1) 53 ft.
 2) _____ ft. 3) _____ ft., or 4) Dry Well
 WELL'S STATIC WATER LEVEL: 25 ft.
 below land surface, measured on (mo-day-yr) 03-14-14
 above land surface, measured on (mo-day-yr) _____
 Pump test data: Well water was 26 ft. after 1 hours pumping 20 gpm
 Well water was _____ ft. after _____ hours pumping _____ gpm
 Estimated Yield: _____ gpm
 Bore Hole Diameter: 9 in. to 64 ft. and _____ in. to _____ ft.

5 Latitude: _____ (decimal degrees)
Longitude: _____ (decimal degrees)
 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 _____

7 WELL WATER TO BE USED AS:

1. Domestic: <input checked="" type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID _____	10. <input type="checkbox"/> Oil Field Water Supply: lease _____
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells? _____	11. Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID _____	12. Geothermal: how many bores? _____
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID _____	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	9. Environmental Remediation: well ID _____	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	13. <input type="checkbox"/> Other (specify): _____
	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	

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 58 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface 20 in. Weight 16.0 lbs./ft. Wall thickness or gauge No. S.D.R. 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 0.25 Gauze Wrapped Torch Cut Drilled Holes Other (Specify) _____
 Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 58 ft. to 64 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 25 ft. to 50 ft., From 53 ft. to 64 ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Intervals: From 0 ft. to 25 ft., From 50 ft. to 53 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) OPEN FIELD NONE APPARENT
 Direction from well? _____ Distance from well? _____ ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	TOP SOIL BROWN			
2	12	CLAY BROWN SILTY			
12	21	CLAY REDISH BROWN SILTY			
21	34	CLAY BROWN SILTY			
34	53	CLAY GREENISH GRAY FIRM			
53	58	SAND FINE TAN			
58	64	SAND MED. CLEAN			
64		SHALE LIGHT GRAY			

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-yr) 02-14-14 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) 03-17-14 under the business name of DEST. INGR. PUMP SERV. INC.