# 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 | Section Number | Township Number | Range Number |
|---|---|---|---|
| NW ¼ NW ¼ NW ¼ NW ¼ | 16 | T 16 S | R 3 ☐ E ☑ W |

**2 WELL OWNER:** Last Name: Plante First: George
Business:
Address: 524 Queens
Address:
City: Salina State: KS 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: ☐
Approx. 2.5 miles West and 1 mile South of Assaria, KS

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

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

**4 DEPTH OF COMPLETED WELL:** 60 ft.
Depth(s) Groundwater Encountered: 1) 52 ft. 2) ..... ft. 3) ..... ft., or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: 35 ft.
☑ below land surface, measured on (mo-day-yr) 5/9/2018
☐ above land surface, measured on (mo-day-yr).....
Pump test data: Well water was ..... ft. after..... hours pumping ..... gpm
Well water was ..... ft. after..... hours pumping ..... gpm
Estimated Yield: 11 gpm
Bore Hole Diameter: 9 in. to 120 ft. and ..... in. to ..... ft.

**5 Latitude:** 38.66711 (decimal degrees)
**Longitude:** 97.66728 (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:** 1362 ft. ☑ Ground Level ☐ TOC
Source: ☐ Land Survey ☐ GPS ☐ Topographic Map ☑ Other KOLAR

**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 40 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface 12 in. Weight ..... lbs./ft. Wall thickness or gauge No. 214

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 40 ft. to 60 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 21 ft. to 60 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other .....
Grout Intervals: From 0 ft. to 21 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? ..... Distance from well? ..... ft.

| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---|---|---|---|---|---|
| 0 | 3 | Top Soil | | | |
| 3 | 12 | Clay-Tan | | | |
| 12 | 52 | Shale-Grey | | | |
| 52 | 53 | Fracture | | | |
| 53 | 120 | Shale-Grey/Red | | | |
| | | | | | |
| | | | 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) 5/9/2018 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 897 This Water Well Record was completed on (mo-day-year) 5/18/2018 under the business name of Peterson McNett Drilling, Inc.

Send one copy to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.
KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212