WATER WELL RECORD   **Form WWC-5**   Division of Water Resources App. No.

1 **LOCATION OF WATER WELL:**	Fraction	Section Number	Township No.	Range Number
County: **Stafford**	¼ SE ¼ NE ¼ SE ¼	6	T 21 S	R 11 ☐E ☑W

Street/Rural Address of Well Location; if unknown, distance & direction
from nearest town or intersection: If at owner's address, check here ☐.

6 3/4 South of Ellinwood

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:** **Virgil Salem**
RR#, Street Address, Box #: **2095 NE 80 Avenue**
City, State, ZIP Code   : **Ellinwood, KS 67530**

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

```
            N
   +----+----+----+
   |    |    |    |
 W | NW | NE |  E
   |    |    |    |
   +----+----+----+
   |    |    |    |
   | SW | SE-X|
   |    |    |    |
   +----+----+----+
            S
 |--------1 mile--------|
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4 DEPTH OF COMPLETED WELL .100............................... ft.
Depth(s) Groundwater Encountered (1)................. ft. (2)................. ft. (3)................. ft.
WELL'S STATIC WATER LEVEL..34..........ft. below land surface measured on mo/day/yr..10-7-13........
    Pump test data: Well water was................ft. after................. hours pumping................ gpm
EST. YIELD..N/A...gpm. Well water was................ft. after................. hours pumping................ gpm
Bore Hole Diameter .10..........in. to ..100..........ft., and ....in. to ....ft.
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 .Stock...............
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 .5............ in. to .100........ ft., Diameter .... in. to .... ft., Diameter .... in. to .... ft.
Casing height above land surface...18............... in., Weight .SDR-26......lbs./ft., Wall thickness or gauge No. ....
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...100............ ft. to ..80............... ft., From .... ft. to .... ft.
    From................ ft. to .... ft., From .... ft. to .... ft.
GRAVEL PACK INTERVALS: From...100............ ft. to ..20............... 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 .... ft. to .... ft., From .20........... ft. to .0............. ft., From .... ft. to ....ft.
What is the nearest source of possible contamination:
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☑ Other (specify below)
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well .None...................
Direction from well .... Distance from well ....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	Top soil			
4	38	Tan clay			
38	53	Sand & gravel- med to large			
53	78	Gray clay			
78	100	Sand & gravel- small			

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) .10-7-13......... and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. ..134......... This Water Well Record was completed on (mo/day/year) .10-11-13...............
under the business name of ..Rosencratnz- Bemis Ent. Inc............ by (signature) ....

KSA 82a-1212   Check: ☑ White Copy, ☐ Blue Copy, ☐ Pink Copy