

WATER WELL RECORD						Form WW-5	KSA 82a-1212
1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number		
County: <u>Reno</u>		<u>NE 1/4 NW 1/4 NW 1/4</u>	<u>23</u>	<u>T 23 S</u>	<u>R 6 E/W</u>		
Distance and direction from nearest town or city street address of well if located within city? <u>1000 Morton Rd So Hutch</u>							
2 WATER WELL OWNER: <u>Morton Salt</u>						Board of Agriculture Division of Water Resources	
RR#, St. Address, Box # : <u>Box 1547</u>						Application Number <u>RN 003</u>	
City, State, ZIP Code : <u>Hutch KS 67504-1547</u>							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL. <u>42</u> ft. ELEVATION: _____ ft.					
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.					
		WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on mo/day/yr <u>5-27-94</u>					
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm					
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm					
		Bore Hole Diameter <u>28</u> in. to <u>42</u> ft., and _____ in. to _____ ft.					
		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 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well					
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____					
		Water Well Disinfected? Yes <u>X</u> No _____					
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <u>X</u> Clamped _____					
1 Steel 3 RMP (SR)		8 Concrete tile Welded _____					
2 PVC 4 ABS		9 Other (specify below) Threaded _____					
Blank casing diameter <u>16</u> in. to <u>22</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.							
Casing height above land surface <u>24</u> in., weight <u>Sec 40</u> lbs./ft. Wall thickness or gauge No. _____							
TYPE OF SCREEN OR PERFORATION MATERIAL:		_____					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR)		10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS		11 Other (specify) _____					
		12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped 8 Saw cut 11 None (open hole)					
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes							
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____							
SCREEN-PERFORATED INTERVALS: From <u>22</u> ft. to <u>42</u> ft., From _____ ft. to _____ ft.							
From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>42</u> ft., From _____ ft. to _____ ft.							
From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____							
Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well					
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well							
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)							
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage							
Direction from well? _____ How many feet? _____							
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS		
			<u>42</u>	<u>15'</u>	<u>Chlori Gravel</u>		
			<u>15'</u>	<u>3' Below ground</u>	<u>Bentonite</u>		
					<u>Chaps</u>		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-27-94</u> and this record is true to the best of my knowledge and belief. Kansas							
Water Well Contractor's License No. <u>537</u> This Water Well Record was completed on (mo/day/yr) <u>6-30-94</u>							
under the business name of <u>Flower Drilling</u> by (signature) <u>Mike Flower</u>							

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.