

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>CLOUD</u>	Fraction <u>NW 1/4 NE 1/4 NW 1/4</u>	Section Number <u>14</u>	Township Number T <u>6</u> S	Range Number R <u>5</u> E <u>W</u>
Distance and direction from nearest town or city street address of well if located within city?		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>39.53888</u> Longitude: <u>97.84875</u> Elevation: _____ Datum: <u>WGS 84</u> Data Collection Method: _____		

2 WATER WELL OWNER: Gary Hearn
RR#, St. Address, Box # : 2355 Aurora Ave
City, State, ZIP Code : Salina, KS 67401

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"><tr><td style="width:25%; height: 40px; vertical-align: middle;">X</td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr><tr><td>--NW--</td><td>--NE--</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>--SW--</td><td>--SE--</td><td></td><td></td></tr></table> S	X				--NW--	--NE--							--SW--	--SE--			4 DEPTH OF COMPLETED WELL <u>120</u> ft. Depth(s) Groundwater Encountered (1)..... <u>32</u> ft. (2)..... <u>58</u> ft. (3)..... _____ ft. WELL'S STATIC WATER LEVEL..... <u>21</u> ft. below land surface measured on mo/day/yr. <u>10-21-09</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield. <u>25</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <u>X</u> _____ No _____
X																	
--NW--	--NE--																
--SW--	--SE--																

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped.....
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded X.....
2 PVC 4 ABS 7 Fiberglass _____ Threaded.....
Blank casing diameter 6 in. to 100 ft., Diameter: _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface..... 29 in., Weight _____ lbs./ft. Wall thickness or gauge No. SOR26.....
TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)
2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)
SCREEN-PERFORATED INTERVALS: From 100 ft. to 120 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 35 ft. to 120 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 3 ft. to 35 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
What is the nearest source of possible contamination:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well
Direction from well? How many feet? N.E.W. CONSTRUCTION

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	32	CLAY, BROWN TO TAN			
32	33	LIME STONE			
33	37	CLAY, GRAY			
37	45	Sandstone, Gray			
45	46	Lime stone			
46	58	CLAY, GRAY			
58	65	Sandstone			
65	72	Shale gray			
72	114	Sandstone gray			
114	120	Sandstone blue			

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) 10-21-09 and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 760 This Water Well Record was completed on (mo/day/year) 1-08-2010
under the business name of Associated Drilling Co by (signature) [Signature]

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.