

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: MITCHELL	Fraction NE 1/4 NW 1/4 NW 1/4	Section Number 7	Township Number T 6 S	Range Number R 6 W
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Distance and direction from nearest town or city street address of well if located within city? **6 MI. NORTH & 3 1/2 MI. EAST OF BELOIT, KS.**

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: **TERRY SHAMBURG**
 RR#, St. Address, Box # : **3426 B ROAD**
 City, State, ZIP Code : **BELOIT KS. 67420**

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%;"><input checked="" type="checkbox"/></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>W</td><td></td><td></td><td>E</td></tr><tr><td>-- SW --</td><td>-- SE --</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>S</td></tr></table>	<input checked="" type="checkbox"/>				-- NW --	-- NE --			W			E	-- SW --	-- SE --						S	4 DEPTH OF COMPLETED WELL 147 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... 120 ft. below land surface measured on mo/day/yr. 7/14/08 Pump test data: Well water was..... ft. after..... hours pumping..... gpm Est. Yield. 6-8 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 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial <input checked="" type="checkbox"/> Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/>																					
-- NW --	-- NE --																				
W			E																		
-- SW --	-- SE --																				
			S																		

5 TYPE OF CASING USED:

5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped.....
1 Steel	3 RMP (SR)	Welded.....
<input checked="" type="checkbox"/> PVC	6 Asbestos-Cement	Threaded.....
4 ABS	9 Other (specify below)	
5	7 Fiberglass	

Blank casing diameter **5** in. to **137** ft., Diameter. in. to ft., Diameter in. to ft.
 Casing height above land surface..... **12** in., Weight **2.37** lbs./ft. Wall thickness or gauge No. **214**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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..... **127** ft. to **147** ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From..... **20** ft. to **147** ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **Bentonite** 4 Other

Grout Intervals: From **0** ft. to **20** 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	<input checked="" type="checkbox"/> Feedyard	12 Fertilizer Storage	15 Oil well/gas well	

Direction from well? **WEST** How many feet? **60 FT.**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	TOPSOIL			
2	9	CLAY, TAN			
9	12	SANDSTONE			
12	132	SHALE, GRAY			
132	142	SANDSTONE, TAN			
142	160	SHALE, GRAY			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ... **7/18/08** ... and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **138** This Water Well Record was completed on (mo/day/year) **8/19/08**
 under the business name of **PETERSON IRRIGATION, INC.** by (signature) *Muhel Peterson*

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>.