

**WATER WELL RECORD**

Form WWC-5

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: Mitchell	Fraction NW $\frac{1}{4}$ SE $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number 17	Township Number T 7 S	Range Number R 6 E <b>(W)</b>
Distance and direction from nearest town or city street address of well if located within city? On property of Solomon Valley Feeders		<b>Global Positioning Systems (decimal degrees, min. of 4 digits)</b> Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
<b>2 WATER WELL OWNER:</b> Solomon Valley Feeders RR#, St. Address, Box # 3575 Jazmine Trl City, State, ZIP Code Beloit, KS 67420				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N <table border="1" style="width: 100%; height: 100px; text-align: center;"> <tr> <td style="width: 25%;">NW</td> <td style="width: 25%;">NE</td> <td style="width: 25%;">E</td> </tr> <tr> <td style="width: 25%;">SW</td> <td style="width: 25%;">SE</td> <td style="width: 25%;">S</td> </tr> </table> W	NW	NE	E	SW	SE	S	<b>4 DEPTH OF COMPLETED WELL</b> 57 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 43.55 ft. below land surface measured on mo/day/yr 3/12/08 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ 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 7 Domestic (lawn& garden) <b>(10) Monitoring well</b> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr Sample was submitted _____ Water well disinfected? Yes _____ No <b>X</b>
NW	NE	E					
SW	SE	S					

<b>5 TYPE OF CASING USED:</b> 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) <b>(2) PVC</b> 4 ABS 7 Fiberglass Blank casing diameter 2 in. to 50 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 3 in., Weight <b>SCH40</b> lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <b>(7) PVC</b> 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 <b>(3) Mill slot</b> 5 Guazed 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 57 ft. to 47 ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 57 ft. to 45 ft., From _____ ft. to _____ ft.	CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded <b>yes</b>
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<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <b>(3) Bentonite</b> 4 Other _____ Grout Intervals: From 45 ft. to 1 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 <b>(10) Livestock pens</b> 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 <b>(9) Feedyard</b> 12 Fertilizer Storage 15 Oil well/gas well Direction from well? <b>IMMEDIATE VICINITY</b> How many feet? <b>IMMEDIATE VICINITY</b>	_____
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil & Silt	32	35	Silt, tan-gray w/fe stain moist firm
1	3.5	Silt, red-brown, much VF-VC sand	35	38	Silt, SAA
3.5	5	Silt, brown, firm, much caliche & VF-VC Silt	38	40	Clay, brown, moist soft much silt
5	10	large pieces and silt SAA	40	45	Clay, SAA less silt
10	15	SAA	45	46	Clay, SAA
15	20	Silt, brown w/some large pieces, dry hard, some VF sand	46	50	Clay, sandy w/VF-VC S&F gravel layers, much lg. S&L some pebbles, wet
20	25	Silt, brown, hard, dry w/some small caliche pieces some moist w/depth	50	55	SAA more S&G & pebbles w/dept
25	28	Silt, SAA			
28	30	Silt, dark brown, w/some VF sand & clay moist form			MW- 1RS
30	32	Silt, SAA			

**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) 3/12/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) 5/2/08 under the business name of Pratt Well Service, Inc. by (signature) *Steven Gill*

**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, 1 000 SW Jackson St., Suite 420, Topeka, Kansas 66612- 1 367. 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.kdhe.state.ks.us/geo/waterwells>.