

**WATER WELL RECORD**

Form WWC-5

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: Mitchell	Fraction NW $\frac{1}{4}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number 20	Township Number T 7 S	Range Number R 6 E/W
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>	<b>4 DEPTH OF COMPLETED WELL</b> 25 ft.
	Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 21.86 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 I 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 <input checked="" type="checkbox"/> If yes, mo/day/yrs _____ Sample was submitted _____ Water well disinfected? Yes _____ No <input checked="" type="checkbox"/>

**5 TYPE OF CASING USED:**

1 Steel	3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<input checked="" type="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded <input checked="" type="checkbox"/> Yes

Blank casing diameter 2 in. to 23 ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface 3 in., Weight SCH40 lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 3 Mill slot	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 25 ft. to 20 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
**GRAVEL PACK INTERVALS:** From 29 ft. to 17.5 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 17.5 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	<input checked="" type="checkbox"/> 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"/> 9 Feedyard	12 Fertilizer Storage	15 Oil well/gas well	

Direction from well? SOUTH How many feet? 999

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil & Silt	24	25	Silt SAA
1	4	Silt, dark brown-light gray, firm much clay	25	29	Clay, brown firm much VF-VC sand caliche & some pebbles
4	4.5	Silt SAA			
4.5	8.5	Silt, tan-brown soft w/some VF sand & much caliche & some clay			
8.5	9	Clay, brown firm			
9	10	Clay, SAA much silt firm			
10	14	Silt, brown, firm much caliche & clay			
14	16.5	Silt SAA			
16.5	19	Silt SAA, soft wet less caliche			MW- 6S
19	24	Silt SAA less caliche			

**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) 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) *Pratt Well Service*

**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>.