

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Mitchell	Fraction NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/>	Section Number 20	Township Number T 7 S	Range Number R 6 E <input checked="" type="checkbox"/>
Distance and direction from nearest town or city street address of well if located within city? On property of Solomon Valley Feeders		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: Solomon Valley Feeders RR#, St. Address, Box # 3575 Jazmine Trl 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> </td><td> </td><td> </td></tr> <tr><td>--NW--</td><td>--NE--</td><td> </td></tr> <tr><td>W</td><td>X</td><td>E</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td>--SW--</td><td>--SE--</td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td>S</td><td> </td><td> </td></tr> </table>				--NW--	--NE--		W	X	E				--SW--	--SE--					S			4 DEPTH OF COMPLETED WELL 35 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 26.12 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) 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"/>
--NW--	--NE--																					
W	X	E																				
--SW--	--SE--																					
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5 TYPE OF CASING USED:

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

Blank casing diameter 2 in. to 28 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"/> 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 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 35 ft. to 25 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 35 ft. to 23 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 23 ft. to 1.5 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"/> 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	Feedyard	12 Fertilizer Storage	15 Oil well/gas well	

Direction from well? IMMEDIATE VICINITY How many feet? IMMEDIATE VICINITY

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1.5	Top Soil & Silt	25	30	Clay, SAA w/much silt wet
1.5	3	Silt, dark brown some rock fill	30	32.5	Silt, dark gray-brown much clay wet some Vf sand, Fe stain
3	9	Clay, dark brown, hard, much silt w/light gray streaks hard	32.5	35	Silt, gray-green soft wet Fe stain some Vf sand
9	10	Silt, dark brown, hard much clay			
10	13	SAA, moist w/depth & some color, firm			
13	15	Silt, tan, soft, w/some of sand & much caliche moist more sand w/depth			
15	15.5	Sand VF w/much silt, wet tan soft			
15.5	20	Clay, dark gray w/Fe stain & much silt moist & some Vf-medium sand			
20	23	Silt, hard, dark gray w/Fe stain hard			MW-3
23	25	Clay, dark gray, soft moist Fe stain			

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) 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 Edell*

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>.