

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Mitchell	Fraction NW ¼ NW ¼ SW ¼	Section Number 5	Township Number T 7 S	Range Number R 7 W
Distance and direction from nearest town or city street address of well if located within city? City limits- 521 Western Beloit, Ks.		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		

2 WATER WELL OWNER: Trent Harr
RR#, St. Address, Box # : **521 Western**
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> </td><td>--NE--</td></tr> <tr><td>X</td><td> </td><td> </td></tr> <tr><td>--SW--</td><td> </td><td>--SE--</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> S				--NW--		--NE--	X			--SW--		--SE--				4 DEPTH OF COMPLETED WELL50..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL... 35 ft. below land surface measured on mo/day/yr. 5/26/06 Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield. 8-10 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 X Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes X No
--NW--		--NE--														
X																
--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 PVC 4 ABS 7 Fiberglass Threaded.....
Blank casing diameter**5**..... in. to**37**..... ft., Diameter. in. to ft., Diameter in. to ft.
Casing height above land surface.....**24**..... in., Weight....**2.37**.....lbs./ft. Wall thickness or guage No. **.214**
TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless Steel 5 Fiberglass **X**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 **X** 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...**37**..... ft. to**50**..... ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From...**20**..... ft. to**50**..... ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **X**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:
X Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well
Direction from well? **East**..... How many feet?**100 ft.**.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil			
3	7	Clay, tan			
7	20	Clay, silty/tan & brown			
20	37	Clay, tan			
37	43	Creek gravel, tan & red			
43	48	River gravel			
48	55	Shale, black			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **X** (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **.5/26/06**... 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) **6/8/06**..... under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Petersen*

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