

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: MITCHELL	Fraction NE ¼ SW ¼ NW ¼ SW ¼	Section Number 4	Township No. T 7 S	Range Number R 7 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
--	---------------------------------	---------------------	-----------------------	--

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .
Near hospital in Beloit

Global Positioning System (GPS) information:
 Latitude: 39.471603 (in decimal degrees)
 Longitude: 98.114703 (in decimal degrees)
 Elevation: 1444 ft.
 Datum: WGS 84, NAD 83, NAD 27
 Collection Method:
 GPS unit (Make/Model:)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: Dennis Lutaen
 RR#, Street Address, Box #: PO Box 504
 City, State, ZIP Code : Beloit, KS 67420

<p>3 LOCATE WELL WITH AN "X" IN SECTION BOX: N</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25%;">NW</td> <td style="width: 25%;">NE</td> </tr> <tr> <td style="width: 25%;">SW</td> <td style="width: 25%;">SE</td> </tr> </table> <p style="text-align: center;">S -----1 mile-----</p>	NW	NE	SW	SE	<p>4 DEPTH OF COMPLETED WELL 200 × 5 ft.</p> <p>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr..... Pump test data: Well water was..... ft. after..... hours pumping..... gpm EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm Bore Hole Diameter 5 in. to 200 ft., and..... in. to..... ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input checked="" type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
NW	NE				
SW	SE				

5 TYPE OF CASING USED: Steel PVC Other **POLYETHYLENE**.....
CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter .75 in. to 200 ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.
 Casing height above land surface 0 in., Weight..... lbs./ft., Wall thickness or gauge No. 095
TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify)
 Brass Galvanized Steel None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify)
SCREEN-PERFORATED INTERVALS: From..... ft. to..... ft., From..... ft. to..... ft.
GRAVEL PACK INTERVALS: From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.....
 Grout Intervals: From 0 ft. to 200 ft., From..... ft. to..... ft., From..... ft. to..... ft.
 What is the nearest source of possible contamination: X 5
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well
 Direction from well **EAST**..... Distance from well .60'

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	TOPSOIL			
1	12	CLAY			
12	80	SHALE, GRAY W/LIMESTONE LAYERS			
80	200	SHALE, GRAY			

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) 01/21/2015 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 897..... This Water Well Record was completed on (mo/day/year) 01/23/2015 under the business name of **PETERSON MCNETT DRILLING, INC.** by (signature) *Peter McNett*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>