

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

| | | | | | | |
|--|----|--|------|--|-----------------|---|
| 1 LOCATION OF WATER WELL: | | Fraction | | Section Number | Township Number | Range Number |
| County: Mcpherson | | SE ¼ | SW ¼ | 28 | T 19 S | R 3 W |
| Distance and direction from nearest town or city street address of well if located within city? 301 E. Kansas, McPherson, KS 67460 | | | | | | |
| 2 WATER WELL OWNER: Coastal Mart Inc. | | | | Global Positioning System (decimal degrees, min. of 4 digits) | | |
| RR#, St. Address, Box # : 2 N. Nevada, Room 408 | | | | Latitude: N 38.37042° | | |
| City, State, ZIP Code : Colorado Springs, CO | | | | Longitude: W 97.66289° | | |
| | | | | Elevation: RIM: 1494.71; TOC: 1494.36 | | |
| | | | | Datum: NAD83 | | |
| | | | | Data Collection Method: legal survey | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL 90 ft. | | | | |
| | | MW16 | | | | |
| | | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. | | | | |
| | | WELL'S STATIC WATER LEVEL 80.62 ft. below land surface measured on mo/day/yr 7/8/10 | | | | |
| | | 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 Feed lot 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 X ; If yes, mo/day/yr _____ | | | | |
| | | Sample was submitted _____ Water Well Disinfected? Yes _____ No X | | | | |
| 5 TYPE OF CASING USED: | | | | | | |
| 1 Steel | | 3 RMP (SR) | | 5 Wrought Iron | | 8 Concrete tile |
| 2 PVC | | 4 ABS | | 6 Asbestos-Cement | | CASING JOINTS: Glued _____ Clamped _____ |
| | | 7 Fiberglass | | 9 Other (specify below) | | Welded _____ |
| Blank casing diameter 2 in. to 61 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. | | | | | | Threaded X |
| Casing height below land surface 0.35 ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____ | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | |
| 1 Steel | | 3 Stainless steel | | 5 Fiberglass | | 7 PVC |
| 2 Brass | | 4 Galvanized steel | | 6 Concrete tile | | 9 ABS |
| | | 8 RM (SR) | | 10 Asbestos-Cement | | 11 Other (specify) _____ |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | |
| 1 Continuous slot | | 3 Mill slot | | 5 Gauze wrapped | | 7 Torch cut |
| 2 Louvered shutter | | 4 Key punched | | 6 Wire wrapped | | 8 Saw Cut |
| | | | | | | 9 Drilled holes |
| | | | | | | 11 None (open hole) |
| SCREEN-PERFORATED INTERVALS: From 65 ft. to 90 ft. From _____ ft. to _____ ft. | | | | | | |
| GRAVEL PACK INTERVALS: From 63 ft. to 90 ft. From _____ ft. to _____ ft. | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-61ft | | | | | | |
| Grout Intervals From 61 ft. to 63 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 | | 10 Livestock pens |
| 2 Sewer lines | | 5 Cess pool | | 8 Sewage lagoon | | 11 Fuel storage |
| 3 Watertight sewer lines | | 6 Seepage pit | | 9 Feedyard | | 13 Insecticide Storage |
| | | | | | | 14 Abandoned water well |
| | | | | | | 16 Other (specify below) |
| Direction from well? SE | | | | | | How many feet? ~410 ft |
| FROM | TO | LITHOLOGIC LOG | | FROM | TO | LITHOLOGIC LOG |
| 0 | 1 | Topsoil | | 85 | 90 | Light brown silty clay with red staining, and some sandy clay near 90ft |
| 1 | 10 | Dark brown clay | | | | |
| 10 | 20 | Light brown clay | | | | |
| 20 | 25 | Light brown crumbly clay | | | | |
| 25 | 30 | Light brown clay | | | | |
| 30 | 35 | Reddish brown clay with gray mottling | | | | |
| 35 | 40 | Reddish brown clay with some gravel | | | | |
| 40 | 70 | Light brown silty clay | | | | |
| 70 | 80 | Light brown silty clay with some red variation | | | | |
| 80 | 85 | Light brown silty clay | | | | |
| 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) 6/23/10 and this record is true to the best of my knowledge and belief. | | | | | | |
| Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 8/6/10 | | | | | | |
| under the business name of Larsen & Associates, Inc. by (signature) _____ | | | | | | |
| INSTRUCTIONS: Please fill in blanks 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 http://www.kdheks.gov/waterwell . | | | | | | |