| WATER WELL RECORD Form WWC-5 Division of Water Resources; App. No. | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------|---------------------|-----------------|----------------------------------------------------------------|--------------------------------|---------------------|-------------------|--|
| 1 | | | WELL: | Fraction | | Section Number | | Range Number | |
| | nty: Paw | | | NE 1/4 NE 1/4 | | 22 | T 22 S | R 17 K/W | |
| 1 | | | nearest town or cit | well if | Global Positioning Systems (decimal degrees, min. of 4 digits) | | | | |
| located within city? | | | | | | Latitude: | | | |
| 3½ South, 2 3/4 West of Larned 2 WATER WELL OWNER: Kraig Froetschner | | | | | | Longitude: | | | |
| RR#, St. Address, Box # : 909 US Hwy 56 | | | | | | Elevation: | | | |
| City, State, ZIP Code : Garfield, Ks. 67529 | | | | | | Datum: Data Collection Method: | | | |
| | | | | | | | | | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL | | | | | | | | | |
| 1 | WITH AN "X" IN Depth(s) Groundwater Encountered (1) | | | | | | | | |
| | SECTION BOX: WELL'S STATIC WATER LEVEL10ft. below land surface measured on mo/day/yr10 | | | | | | | | |
| | | | | | | ft. after hours pumping gpm | | | |
| Est. YieldN/A.gpm: Well water wasft. after hours pumping | | | | | | | | | |
| WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | | | ection well | |
| w | W E I Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify belo | | | | | | | | |
| 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring wellStock | | | | | | | | | |
| SV | SW SE W | | | | | | | | |
| | Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted | | | | | | | | |
| | | → Sam | iple was submitted. | | Wate | er well disinfected? | YesHTH. No | •••• | |
| S | | | | | | | | | |
| 1 | | ING USED | | fron 8 Co | oncrete tile | CASIN | G JOINTS: Glued | A Clamped | |
| _ | Steel | 3 RMP (SR | | Cement 9 Ot | her (specify | below) | | | |
| | | 4 ABS | 7 Fiberglass | A Diameter | | : | Threaded | : 4 A | |
| Blank casing diameter | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) | | | | | | | | | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | |
| 1 Continuous slot 3 Mill slot 5 Gauzed 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 | | | | | | | | | |
| From | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| rioni | | | | | | | | | |
| 6 GRO | UT MATI | ERIAL: 1 | Neat cement 20 | Cement grout 3 | Bentonite | 4 Otherhole | plug | | |
| Grout Ir | | From | ft. to | ft., From | | ft. to f | t., From10 | ft. to9ft. | |
| What is the nearest source of possible contamination: | | | | | | | | | |
| | Septic tank | | 4 Lateral lines | | 10 Livest | | | 16 Other (specify | |
| 1 | Sewer line | | | 8 Sewage lagoon | 11 Fuel st | | bandoned water well | below) None | |
| | | | 6 Seepage pit | | | | l well/gas well | | |
| FROM | TO | 11 | LITHOLOGIC | | FROM | | PLUGGING INT | | |
| 0 | 4 | Top soi | | LOG | TROW | 10 | 1 LOGGING INT | ERVALS | |
| 4 | 24 | | gravel- med t | to la | | | | | |
| 24 | 32 | Tan cla | 0 | <u> </u> | | | • | | |
| | 32 | Tail CIC | ıy | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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) 10-11-10 and this record is true to the best of my knowledge and belief. | | | | | | | | | |
| Kansas Water Well Contractor's License No134 This Water Well Record was completed on (mo/day/year)11-3-10 | | | | | | | | | |
| under the business name of Rosencrantz-Bemis by (signature) by (signature) | | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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 | | | | | | | | | |
| http://www.kdheks.gov/waterwell/index.html. | | | | | | | | | |