

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. _____

1 LOCATION OF WATER WELL: Fraction <u>SW 1/4 SW 1/4 SW 1/4</u>		Section Number <u>15</u>		Township Number <u>T 22 S</u>		Range Number <u>R 29 E/W</u>	
County: <u>Finney</u>		Distance and direction from nearest town or city street address of well if located within city? <u>17.5 east on Hwy 156, 3.5 North, .5 East, 1.5 north, .5 east from Garden City, Ks</u>					
2 WATER WELL OWNER: <u>Chris Lobmeyer</u>		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____					
RR#, St. Address, Box #: <u>Box 677</u> City, State, ZIP Code: <u>Garden City, KS 67846</u>							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>715</u> ft.					
<div style="text-align: center;"> </div>		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					
		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 <u>x</u> ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes <u>x</u> No _____					
5 TYPE OF CASING USED:		CASING JOINTS: Glued _____ Clamped _____					
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile		Welded _____					
2 PVC 4 ABS 7 Fiberglass		Eagle-Loc Threaded _____					
Blank casing diameter <u>5</u> in. to <u>715</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Casing height above land surface <u>12</u> in., Weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR 17</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel 3 Stainless steel 5 Fiberglass 7 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 3 Mill slot 5 Gauge 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 <u>575</u> ft. to <u>595</u> ft. From <u>615</u> ft. to <u>635</u> ft.							
From <u>655</u> ft. to <u>675</u> ft. From <u>695</u> ft. to <u>715</u> ft.							
GRAVEL PACK INTERVALS:							
From <u>25</u> ft. to <u>715</u> ft. From _____ ft. to _____ ft.							
From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____							
Grout Intervals From <u>5</u> ft. to _____ ft. From <u>25</u> 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 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 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well <u>None observed</u>							
Direction from well? _____ How many feet? _____							
FROM TO LITHOLOGIC LOG		FROM TO		PLUGGING INTERVALS			
0	16	530	600	Red & brown clay			
16	20	600	680	Brown & gray clay & sandstone			
20	53	680	715	Sandstone, very hard			
53	58						
58	63						
63	200						
200	280						
280	360						
360	510						
510	530						
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) <u>8/27/09</u> and this record is true to the best of my knowledge and belief.							
Kansas Water Well Contractor's License No. <u>473</u> . This Water Well Record was completed on (mo/day/year) <u>9/29/09</u>							
under the business name of <u>Tyler Water Well, Inc.</u> by (signature) <u>[Signature]</u>							
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 .							

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