

**WATER WELL RECORD**

**Form WWC-5**

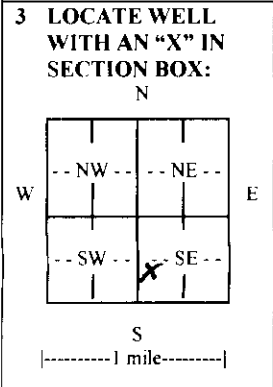
Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Finney</u>	Fraction <u>¼ NW ¼ SW ¼ SE ¼</u>	Section Number <u>36</u>	Township No. <u>T 22 S</u>	Range Number <u>R 33</u> <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 .

**Global Positioning System (GPS) information:**  
 Latitude: ..... (in decimal degrees)  
 Longitude: ..... (in decimal degrees)  
 Elevation: .....  
 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:** Fred Robinson  
 RR#, Street Address, Box #: 1435 North Shore  
 City, State, ZIP Code : Garden City, KS 67846



**4 DEPTH OF COMPLETED WELL** 217 ..... ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.

WELL'S STATIC WATER LEVEL 142 ..... ft. below land surface measured on mo/day/yr.....

Pump test data: Well water was 152 ..... ft. after 4 ..... hours pumping, 60 ..... gpm

EST. YIELD 100 ..... gpm. Well water was ..... ft. after ..... hours pumping ..... gpm

Bore Hole Diameter 10 ..... in. to 217 ..... ft., and ..... in. to ..... ft.

WELL WATER TO BE USED AS:  Public water supply  Geothermal  Injection well  
 Domestic  Feedlot  Oil field water supply  Dewatering  Other (Specify below)  
 Irrigation  Industrial  Domestic-lawn & garden  Monitoring well .....

Was a chemical/bacteriological sample submitted to Department?  Yes  No  
 If yes, mo/day/yr sample was submitted.....

Water well disinfected?  Yes  No

**5 TYPE OF CASING USED:**  Steel  PVC  Other .....

CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter 5 ..... in. to 177 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface 18 ..... in., Weight 200 ..... lbs./ft., Wall thickness or gauge No. SDR21 .....

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 177 ..... ft. to 217 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 37 ..... ft. to 217 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout Intervals: From 5 ..... ft. to 37 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:  
 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 North ..... Distance from well 375' .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Top Soil	151	154	Brown clay
2	12	Brown Clay	154	192	Medium to Coarse Sand With White Broken Rock Chips
12	21	Medium Sand			
21	37	Brown clay	192	203	Medium to Coarse Sand. White Broken Rock Chips Few Brown Clay Streaks
37	74	Brown Sticky Clay			
74	94	Gypsum, Cemented Sand	203	215	Coarse To Very Coarse Sand. Small Gravel With White Broken Rock
94	122	Medium to Coarse Sand			
122	125	Cemented Sand	215	217	Brown Clay
125	139	Brown clay			
139	151	Medium to Coarse Sand			

**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) 3-7-17 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 532 ..... This Water Well Record was completed on (mo/day/year) 3-9-17 ..... under the business name of Midwest Well & Pump Inc. ..... by (signature) [Signature] .....

**INSTRUCTIONS:** Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 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>.