

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. **9496**

1 LOCATION OF WATER WELL: County: Finney		Fraction SW ¼ SW ¼ NE ¼		Section Number 30	Township Number T 22 S	Range Number R 34 E/W
Distance and direction from nearest town or city street address of well if located within city? From Holcomb, appx 9 miles North & 6 Mile West				Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>38.1123</u> Longitude: <u>101.0912</u> Elevation: <u>2979</u> Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: Triple G Farm RR#, St. Address, Box # : 2150 Road 220 City, State, ZIP Code : Deerfield Ks 67838						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: X N NW NE W X E SW SE S		4 DEPTH OF COMPLETED WELL 239 ft. Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>144</u> ft. below land surface measured on mo/day/yr <u>06/13/08</u> Pump test data: Well water was <u>209</u> ft. after <u>4</u> hours pumping <u>300</u> gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 _____ 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input checked="" type="checkbox"/> Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr _____ Sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____				
5 TYPE OF CASING USED: <input checked="" type="radio"/> Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 2 PVC 4 ABS 7 Fiberglass Blank casing diameter <u>16</u> in. to <u>239</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in., Weight <u>42</u> lbs./ft. Wall thickness or gauge No. <u>.250</u>						
TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="radio"/> 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: <input checked="" type="radio"/> Continuous slot 3 Mill slot 5 Gauze 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>189</u> ft. to <u>219</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>239</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> Bentonite 4 Other Grout Intervals From <u>0</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: none observed 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 Direction from well? _____ How many feet? _____						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	2	Top Soil Sand				
2	106	Sandy clay w/lime rock				
106	132	Sand fine to med coarse w/gravel				
132	159	Sandy clay w/lime rock, sand beds				
159	183	Sand fine to med coarse				
183	197	Sand fine to med coarse w/clay stringer				
197	219	Sand fine to med coarse w/rock, clay stringers				
219	220	shale				

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) 06/10/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145. This Water Well Record was completed on (mo/day/year) 07/16/08 under the business name of Henkle Drilling & Supply Co, Inc. by (signature) Bruce J. Reichardt.

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>.