

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township No.	Range Number
County: <u>Finney</u>		<u>N 1/4 SE 1/4 SE 1/4 SE 1/4</u>		<u>36</u>	T <u>23</u> S	R <u>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 <input type="checkbox"/> .				Global Positioning System (GPS) information:		
<u>1285 Acraway</u> <u>Garden City, KS 67846</u>				Latitude: (in decimal degrees)		
				Longitude: (in decimal degrees)		
				Elevation:		
				Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27		
2 WATER WELL OWNER: <u>TATRO PLUMBING</u>				Collection Method:		
RR#, Street Address, Box #: <u>1285 ACRAWAY STE 300</u>				<input type="checkbox"/> GPS unit (Make/Model:)		
City, State, ZIP Code: <u>Garden City, KS 67846</u>				<input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey		
				Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
3 LOCATE WELL WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>200'</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				
		Bore Hole Diameter in. to ft., and in. to ft.				
		WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input checked="" type="checkbox"/> Geothermal <input type="checkbox"/> Injection well				
		<input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)				
		<input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well				
		Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input type="checkbox"/> No				
		If yes, mo/day/yr sample was submitted.....				
		Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No				
5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other						
CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded						
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.						
Casing height above land surface..... in., Weight lbs./ft., Wall thickness or gauge No.						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
<input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify)						
<input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)						
SCREEN OR PERFORATION OPENINGS ARE:						
<input type="checkbox"/> Continuous slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole)						
<input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify)						
SCREEN-PERFORATED INTERVALS: From..... ft. to ft., From..... ft. to ft.						
From..... ft. to ft., From..... ft. to ft.						
GRAVEL PACK INTERVALS: From..... ft. to ft., From..... ft. to ft.						
From..... ft. to ft., From..... ft. to ft.						
6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other						
Grout Intervals: From <u>200'</u> ft. to <u>0</u> ft., From..... ft. to ft., From..... ft. to ft.						
What is the nearest source of possible contamination:						
<input type="checkbox"/> Septic tank <input checked="" type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below)						
<input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well						
<input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well						
Direction from well Distance from well <u>150'</u>						
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	
0	2'	SANDY TOP SOIL				
2'	35'	SANDY CLAY				
35'	50'	BROWN CLAY				
50'	110'	BLUE CLAY				
110'	160'	BROWN CLAY				
160'	170'	SAND STONE				
170'	190'	COARSE SAND				
190'	200'	MEDIUM SAND				
RECEIVED						
DEC 21 2009						
BUREAU OF WATER						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input checked="" type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>11-20-09</u> and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No. <u>813</u> This Water Well Record was completed on (mo/day/year) <u>11-20-09</u>						
under the business name of <u>FIRE & ICE GEOTHERMALS</u> by (signature) <u>Michael J. Fox</u>						
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 .						