WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. _____

1 LOCATION OF WATER WELL: County: Finney | Fraction: ¼ SW ¼ NW ¼ SW ¼ | Section Number: 2 | Township No.: T 23 S | Range Number: R 33 ☐E ☑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: Charles Messenger
RR#, Street Address, Box #: 8920 N. Anderson Rd.
City, State, ZIP Code : Garden City, KS 67846

3 LOCATE WELL WITH AN "X" IN SECTION BOX:

N / W / E / S; NW, NE, SW (X), SE; |---------1 mile---------|

4 DEPTH OF COMPLETED WELL 265 ft.
Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL 155 ft. below land surface measured on mo/day/yr.....
Pump test data: Well water was 161 ft. after 3 hours pumping 50 gpm
EST. YIELD 100 gpm. Well water was..... ft. after..... hours pumping..... gpm
Bore Hole Diameter 10 in. to 265 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 205 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 205 ft. to 265 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 25 ft. to 130 ft., From 150 ft. to 265 ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other .....
Grout Intervals: From 5 ft. to 25 ft., From 130 ft. to 150 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 East Distance from well 100'

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Top Soil	221	222	Brown Clay
2	26	Brown Clay	222	236	Medium to Coarse Sand, Small Gravel
26	62	Brown Clay, Medium Sand Streaks	236	251	Brown Clay
62	94	Brown Clay	251	262	Medium to Coarse Sand, Small Gravel
94	154	Brown Clay, Gypsum Streaks	262	265	Light Brown Clay with White Broken
154	162	Medium to Coarse Sand, Small Gravel			Rock
162	166	Brown Clay, Medium Sand Streaks			
166	200	Medium to Coarse Sand, Small Gravel			
200	202	Brown Clay			
202	221	Medium to Coarse Sand, Small Gravel			

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) 12-3-14 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) 12-15-14 under the business name of Midwest Well & Pump Inc. by (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.

KSA 82a-1212 Check: ☐ White Copy, ☐ Blue Copy, ☐ Pink Copy