

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. **KE14**

1 LOCATION OF WATER WELL: County: Kearny	Fraction NW ¼ NW ¼ NE ¼	Section Number 36	Township Number T 23 S	Range Number R 35 E/W
Distance and direction from nearest town or city street address of well if located within city? From Deerfield, appx 3 miles North & 1 Mile East		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: 38.0172 Longitude: 101.1118 Elevation: _____ Datum: _____ Data Collection Method: _____		

2 WATER WELL OWNER: Garden City Co
RR#, St. Address, Box # : PO Box 597
City, State, ZIP Code : Garden City KS 67846

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 382 ft.
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL 108 ft. below land surface measured on mo/day/yr 12/19/07
	Pump test data: Well water was 172 ft. after 4 hours pumping 1859 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="checkbox"/> 1 Steel	<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 5 Wrought Iron	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 8 Concrete tile	<input type="checkbox"/> 9 Other (specify below)
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CASING JOINTS: Glued _____ Clamped _____
Welded Threaded _____

Blank casing diameter **16** in. to **382** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **12** in., Weight **42** lbs./ft. Wall thickness or gauge No. **.250**

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 7 PVC	<input type="checkbox"/> 8 RM (SR)	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 10 Asbestos-Cement	<input type="checkbox"/> 11 Other (specify)	<input type="checkbox"/> 12 None used (open hole)
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SCREEN OR PERFORATION OPENINGS ARE:

<input checked="" type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 5 Guaze wrapped	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 8 Saw Cut	<input type="checkbox"/> 9 Drilled holes	<input type="checkbox"/> 10 Other (specify)	<input type="checkbox"/> 11 None (open hole)
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SCREEN-PERFORATED INTERVALS: From **279** ft. to **299** ft. From **313** ft. to **327** ft.
From **327** ft. to **377** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **382** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals From **0** ft. to **20** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 13 Insecticide Storage	<input type="checkbox"/> 14 Abandoned water well	<input type="checkbox"/> 15 Oil well/ gas well	<input type="checkbox"/> 16 Other (specify below)
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Direction from well? **NorthWest** How many feet? **90**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Top Soil Sand			
2	40	Sandy Clay			
40	87	Sandy Clay w/fine sand beds			
87	114	Sand fine to med few course			
114	117	Sandy clay			
117	124	Sand fine to med course			
124	170	Sand fine to med course w/couple clay stringers			
170	210	Sand fine to med course small gravel			
210	240	Sandy clay sand beds			
240	254	Sand fine to Med			
254	266	Sandy Clay w/ Sand beds			
266	271	Sand fine to med			
271	278	Sandy Clay			
278	299	Sand fine to med			
299	304	Sandy clay			
304	312	Sand fine to med course			

312	322	Sandy clay w/ few sand beds			
322	377	Sand fine to med course w/rock			
377	378	Soap stone			
378	380	Black 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) 12/18/07 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) 06/28/08 under the business name of Henkle Drilling & Supply Co, Inc. by (signature) [Signature].

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>.