

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number	
County: Reno	NW ¼ SW ¼ NE ¼	14	T	23	S	R	6 W
Distance and direction from nearest town or city street address of well if located within city? 819 W. 1 st St., Hutchinson KS			Global Positioning System (decimal degrees, min. of 4 digits)				
			Latitude: N 38.05270°				
			Longitude: W 97.94794°				
			Elevation: RIM: 1533.44; TOC: 1533.05				
			Datum: WGS84				
			Data Collection Method: legal survey				
2 WATER WELL OWNER: APAC Inc. RR#, St. Address, Box # : 900 Ashwood Pkwy, Ste 700 City, State, ZIP Code : Atlanta GA 30338							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 18.20 ft.						
<p>N NW X NE SW SE S</p>	MW12						
	Depth(s) Groundwater Encountered _____ ft. _____ ft. _____ ft.						
	WELL'S STATIC WATER LEVEL <u>10.30</u> ft. below land surface measured on mo/day/yr <u>5/31/12</u>						
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm						
Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well							
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)							
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <u>(10) Monitoring well</u>							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yrs							
Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>							
5 TYPE OF CASING USED:							
1 Steel		3 RMP (SR)		5 Wrought Iron		8 Concrete tile	
<u>(2) PVC</u>		4 ABS		7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____	
						Welded _____ Threaded <u>X</u>	
Blank casing diameter <u>2</u> in. to <u>3.20</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Casing height above land surface <u>0.39</u> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel		5 Fiberglass		<u>(7) PVC</u>	
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)	
						9 ABS	
						10 Asbestos-Cement	
						11 Other (specify) _____	
						12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:							
1 Continuous slot		<u>(3) Mill slot</u>		5 Gauze wrapped		7 Torch cut	
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut	
						9 Drilled holes	
						11 None (open hole)	
SCREEN-PERFORATED INTERVALS:							
From <u>3.20</u> ft. to <u>18.20</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From <u>3</u> ft. to <u>18.40</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
6 GROUT MATERIAL:							
1 Neat cement		2 Cement grout		<u>(3) Bentonite</u>		<u>(4) Other Concrete: 0-1 ft</u>	
Grout Intervals From <u>1</u> ft. to <u>3</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:							
1 Septic tank		4 Lateral lines		7 Pit privy		10 Livestock pens	
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		13 Insecticide Storage	
						14 Abandoned water well	
						15 Oil well/ gas well	
						16 Other (specify below) _____	
Direction from well? <u>W</u>				How many feet? <u>~25 ft</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS		
0	5	Grass; Brown silty clay					
5	10	Tan medium to fine sand					
10	18.40	Tan medium sand					
					Flushmount waiver from BOW		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>5/30/12</u> and this record is true to the best of my knowledge and belief.							
Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>6/27/12</u> under the business name of <u>Larsen & Associates, Inc.</u> by (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.							