

WATER WELL RECORD

Form WWC-5

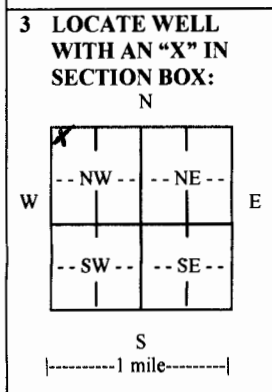
Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: <u>Finney</u>	Fraction <u>¼ NW ¼ NW ¼ NW ¼</u>	Section Number <u>30</u>	Township No. <u>T 24 S</u>	Range Number <u>R 31</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .
(WELL # MW1R) Raceway Rd. & E. Weldon Rd. Go East 175' South 18'

Global Positioning System (GPS) information:
Latitude: N.37.94556 (in decimal degrees)
Longitude: W.100.77364 (in decimal degrees)
Elevation: 2873
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: Finney County Landfill Inc.
RR#, Street Address, Box #: 1250 S. Raceway Rd.
City, State, ZIP Code : Garden City, KS 67846



4 DEPTH OF COMPLETED WELL .156' ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL .1327" 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 7.7/8.....in. to .156'..... ft., andin. toft.
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 4..... in. to .126..... ft., Diameter in. to ft.
Casing height above land surface 30..... in., Weight Sch.40.....lbs./ft., Wall thickness or gauge No. 237.....

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 .126..... ft. to .156..... ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From .121..... ft. to .156..... ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From 0..... ft. to .126..... ft., From ft. to 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 Landfill
Direction from well South..... Distance from well .30'.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Top Soil	93	100	Brown Clay, Few Small Gypsum Steaks
2	13	Brown Sandy Clay, Few Fine Sand Str	100	107	Brown Clay
13	15	Coarse Sand Small Gravel	107	122	Medium to Coarse Sand, Small Gravel
15	20	Brown Sandy Clay, Few Fine Sand Str	122	128	Medium to Coarse Sand Small Gravel,
20	26	Coarse Sand Small Gravel			Few Brown Clay And Cemented Streaks
26	56	Brown Clay With Gypsum Streaks	128	151	Medium to Coarse Sand Small Gravel
56	61	Fine Sand	151	152	Light Brown Clay
61	71	Brown Clay With Large Rock Streaks	152	155	Fine to Medium Sand. Some Small
71	84	Brown Clay			Gravel With White Broken Rock
84	93	Coarse Sand Small Gravel	155	156	Brown Clay

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) 9-30-16..... 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) 10-3-16..... under the business name of Midwest Well & Pump Inc...... by (signature) [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>.