

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:		Fraction <u>SE ¼ SE ¼ SE ¼</u>		Section Number <u>7</u>	Township Number <u>T 24 S</u>	Range Number <u>R 32 W</u>
County: <u>Finney</u>				Global Positioning System (decimal degrees, min. of 4 digits)		
Distance and direction from nearest town or city street address of well if located within city? <u>407 E. Kansas Ave, Garden City, KS</u>				Latitude: <u>N 37.97541°</u>		
				Longitude: <u>W 100.86699°</u>		
2 WATER WELL OWNER: <u>Rupp's Tire Service</u>				Elevation: <u>2835.25 rim/ 2834.87 toc</u>		
RR#, St. Address, Box # : <u>407 E. Kansas Ave.</u>				Datum: <u>above mean sea level</u>		
City, State, ZIP Code : <u>Garden City, KS 67846</u>				Data Collection Method: <u>legal survey</u>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>42</u> ft.				
<div style="text-align: center;"> </div>		MW2				
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL <u>30.84</u> ft. below land surface measured on mo/day/yr <u>10/4/07</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) 10 Monitoring well						
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr						
Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>						
5 TYPE OF CASING USED:						
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)		5 Wrought Iron 8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____		
2 PVC 4 ABS 7 Fiberglass				Welded _____ Threaded <u>X</u>		
Blank casing diameter <u>2</u> in. to <u>24</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height below land surface <u>0.38</u> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify)						
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)						
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot 3 Mill slot 5 Gauge wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)						
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)						
SCREEN-PERFORATED INTERVALS: From <u>27</u> ft. to <u>42</u> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>26</u> ft. to <u>42</u> ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other cement, 0-2 ft						
Grout Intervals From <u>2</u> ft. to <u>26</u> 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 13 Insecticide Storage 16 Other (specify below)						
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well						
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well						
Direction from well? <u>East</u> How many feet? <u>~5 ft</u>						
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
0	1	Concrete	23	25	Sand with pebbles, medium to coarse	
3	5	Silt with clay and fine sand, brown, dry			grained, black, moist, strong odor	
		Fe staining, no odor	28	30	Sand with pebbles, medium to coarse	
8	10	Sand with pebbles, medium to coarse			grained, black, moist, very strong odor	
		Grained, brown, dry, no odor	33	35	No recovery, spoon was wet	
13	15	Sand, medium to coarse grained, brown				
		Fe staining, dry odor				
18	20	Sand, medium to coarse grained, black				
		moist, strong odor				
					Flushmount waiver from BOW	
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) <u>10/3/07</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>11/1/07</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 .						

KSA 82a-1212

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