

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: Fraction		Section Number	Township Number	Range Number			
County: Finney SE ¼ SE ¼ SE ¼		7	T 24 S	R 32 W			
Distance and direction from nearest town or city street address of well if located within city? 407 E. Kansas Ave, Garden City, KS		Global Positioning System (decimal degrees, min. of 4 digits)					
		Latitude: N 37.97512°					
		Longitude: W 100.86710°					
		Elevation: 2836.70 rim/ 2836.36 toc					
		Datum: above mean sea level					
		Data Collection Method: legal survey					
2 WATER WELL OWNER: Rupp's Tire Service							
RR#, St. Address, Box # : 407 E. Kansas Ave.							
City, State, ZIP Code : Garden City, KS 67846							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 44 ft.					
<div style="text-align: center;"> </div>		MW3					
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.					
		WELL'S STATIC WATER LEVEL 35.28 ft. below land surface measured on mo/day/yr 10/4/07					
		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 X ; If yes, mo/day/yr							
Sample was submitted _____		Water Well Disinfected? Yes _____ No X					
5 TYPE OF CASING USED:		5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____					
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____							
2 PVC 4 ABS 7 Fiberglass Threaded X							
Blank casing diameter _____ 2 _____ in. to _____ 29 _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Casing height below land surface 0.34 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 Gauze 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 _____ 29 _____ ft. to _____ 44 _____ ft. From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From _____ 28 _____ ft. to _____ 44 _____ ft. From _____ ft. to _____ ft.							
From _____ ft. to _____ 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 _____ 2 _____ ft. to _____ 28 _____ 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? North How many feet? ~100 ft							
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHOLOGIC LOG	
0	1	Concrete		23	25	Sand with pebbles, almost black, coarse	
3	5	Clay with silica sand, brown, Fe staining				moist, slight odor,	
		dry, no odor		28	30	Sand with pebbles, coarse, brown, moist,	
8	10	Sand with pebbles, medium to coarse				slight odor, poor recovery	
		grained, Fe staining, brown, dry, no odor		33	35	Clay with silt and caliche, brown, slightly	
13	15	Sand with pebbles, coarse, brown, dry				mist, no odor	
		Fe staining, no odor		38	40	Clay with silt and caliche, brown, overlain	
18	20	Sand with pebbles, coarse, brown, moist				by fine sand, wet, petroleum odor	
		Fe staining, slight 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) 10/4/07 and this record is true to the best of my knowledge and belief.							
Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 11/1/07							
under the business name of Larsen & Associates, Inc. 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

Form provided by Forms-On-A-Disk, Inc. • Dallas, Texas • (214) 340-9429