

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Finney</u>	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>
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>		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>N 37.97524°</u> Longitude: <u>W 100.86691°</u> Elevation: <u>2836.09 rim/ 2835.80 toc</u> Datum: <u>above mean sea level</u> Data Collection Method: <u>legal survey</u>		

<b>2 WATER WELL OWNER:</b> <u>Rupp's Tire Service</u> RR#, St. Address, Box # : <u>407 E. Kansas Ave.</u> City, State, ZIP Code : <u>Garden City, KS 67846</u>	
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<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL</b> <u>41.5</u> ft.
	MW5 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>34.89</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) <input checked="" type="radio"/> 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 _____ No <input checked="" type="checkbox"/>

<b>5 TYPE OF CASING USED:</b>	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
<input checked="" type="radio"/> PVC	4 ABS	7 Fiberglass	Welded _____
Blank casing diameter <u>2</u> in. to <u>16.5</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			Threaded <input checked="" type="checkbox"/>
Casing height below land surface <u>0.29</u> ft., Weight _____ lbs./ft.			Wall thickness or gauge No. _____
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>			
1 Steel	3 Stainless steel	5 Fiberglass	<input checked="" type="radio"/> PVC
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)
SCREEN OR PERFORATION OPENINGS ARE:		9 ABS	11 Other (specify) _____
1 Continuous slot	<input checked="" type="radio"/> Mill slot	5 Guaze wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut
SCREEN-PERFORATED INTERVALS: From <u>16.5</u> ft. to <u>41.5</u> ft.		9 Drilled holes	11 None (open hole)
GRAVEL PACK INTERVALS: From <u>15.5</u> ft. to <u>41.5</u> ft.		10 Other (specify)	

<b>6 GROUT MATERIAL:</b>	1 Neat cement	2 Cement grout	<input checked="" type="radio"/> Bentonite	<input checked="" type="radio"/> Other cement, 0-2 ft
Grout Intervals From <u>2</u> ft. to <u>15.5</u> ft.	From _____ ft. to _____ 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	13 Insecticide Storage
2 Sewer lines	5 Cess pool	8 Sewage lagoon	<input checked="" type="radio"/> 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>North-northwest</u>		How many feet? <u>~50 ft</u>		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Concrete	28	30	Sand with pebbles, coarse, brown, moist, petroleum odor
3	5	Silty clay, brown, slightly moist, no odor			
8	10	Sand, medium grained, brown, no odor	33	35	Silty clay, brown, moist, no odor
		slightly moist, abundant Fe staining	38	40	Silty clay with caliche, brown, moist, no odor
13	15	Sand, coarse, brown, Fe staining, moist, no odor	43	45	Sand, fine, brown, wet, no odor
18	20	Sand, coarse, brown, moist, no odor			
23	25	Sand with pebbles, coarse, brown, moist, petroleum odor			
					Flushmount waiver from BOW

**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) 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>.