

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: <u>Finney</u>	<u>SE ¼</u>	<u>SE ¼</u>	<u>SE ¼</u>	<u>7</u>	<u>T 24 S</u>	<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>		
2 WATER WELL OWNER: <u>Rupp's Tire Service</u>				Elevation: <u>2836.09 rim/ 2835.80 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>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) <u>10</u> 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)		5 Wrought Iron		8 Concrete tile
<u>2</u> PVC		4 ABS		6 Asbestos-Cement		CASING JOINTS: Glued _____ Clamped _____
		7 Fiberglass		9 Other (specify below) _____		Welded _____
Blank casing diameter <u>2</u> in. to <u>16.5</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Threaded <u>X</u>				
Casing height below land surface <u>0.29</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</u> PVC
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS
		8 RM (SR)		10 Asbestos-Cement		11 Other (specify) _____
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot		<u>3</u> Mill slot		5 Gauge wrapped		7 Torch cut
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut
						10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From <u>16.5</u> ft. to <u>41.5</u> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>15.5</u> ft. to <u>41.5</u> ft. From _____ ft. to _____ ft.						
FROM _____ ft. to _____ ft. FROM _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite <u>4</u> 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.						
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		<u>11</u> Fuel storage
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage
						13 Insecticide Storage
						14 Abandoned water well
						15 Oil well/ gas well
						16 Other (specify below) _____
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,	
3	5	Silty clay, brown, slightly moist, no odor			petroleum 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	
13	15	Sand, coarse, brown, Fe staining, moist,			odor	
		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 <u>1</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10/4/07</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 .						