

## WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b>		Fraction		Section Number	Township Number	Range Number
County: <b>Finney</b>		SE ¼ SE ¼ SE ¼		<b>7</b>	<b>T 24 S</b>	<b>R 32 W</b>
Distance and direction from nearest town or city street address of well if located within city? <b>407 E. Kansas Ave, Garden City, KS</b>				<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)		
				Latitude: <b>N37.97516°</b>		
				Longitude: <b>W 100.86646°</b>		
				Elevation: <b>2833.80 rim/ 2835.50 toc</b>		
				Datum: <b>above mean sea level</b>		
				Data Collection Method: <b>legal survey</b>		
<b>2 WATER WELL OWNER:</b>		<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>				
<b>Rupp's Tire Service</b>		<div style="text-align: center;"> </div>				
RR#, St. Address, Box # : <b>407 E. Kansas Ave.</b>						
City, State, ZIP Code : <b>Garden City, KS 67846</b>						
<b>4 DEPTH OF COMPLETED WELL 38</b>		<b>ft.</b>				
		<b>MW7</b>				
Depth(s) Groundwater Encountered 1		ft. 2 _____ ft. 3 _____ ft.				
WELL'S STATIC WATER LEVEL <b>30.95</b>		ft. below land surface measured on mo/day/yr <b>10/5/07</b>				
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) <b>(10) Monitoring well</b>						
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr						
Sample was submitted _____		Water Well Disinfected? Yes _____ No <b>X</b>				
<b>5 TYPE OF CASING USED:</b>		<b>CASING JOINTS:</b> Glued _____ Clamped _____				
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____		Welded _____				
<b>(2) PVC</b> 4 ABS 7 Fiberglass		Threaded <b>X</b>				
Blank casing diameter <b>2</b> in. to <b>18</b> ft. Dia _____		in. to _____ ft. Dia _____				
Casing height below land surface <b>0.30</b> ft., Weight _____		lbs./ft. Wall thickness or gauge No. _____				
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 3 Stainless steel 5 Fiberglass <b>(7) PVC</b> 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 <b>(3) Mill slot</b> 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 <b>20</b> ft. to <b>38</b> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <b>17</b> ft. to <b>38</b> ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <b>(3) Bentonite</b> <b>(4) Other cement, 0-2 ft</b>						
Grout Intervals From <b>2</b> ft. to <b>17</b> 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 <b>(11) Fuel storage</b> 14 Abandoned water well						
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well						
Direction from well? <b>Northwest</b> How many feet? <b>~175 ft</b>						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	1	Asphalt	28	30	Sand with pebbles, coarse, black, moist, petroleum odor	
3	5	Silt with clay, brown, dry, no odor				
8	10	Sand, medium to coarse grained, brown	33	35	Silty clay, brown, wet, no odor	
		Fe staining, dry, no odor				
13	15	Sand with pebbles, coarse, brown, dry no odor				
18	20	Sand with pebbles, coarse, brown, moist petroleum odor				
23	25	Sand with pebbles, coarse, gray, moist, petroleum odor			Flushmount waiver from BOW	
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>(1)</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>10/4/07</b> and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No. <b>757</b> . This Water Well Record was completed on (mo/day/year) <b>11/1/07</b>						
under the business name of <b>Larsen &amp; Associates, Inc.</b> 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 <a href="http://www.kdheks.gov/waterwell">http://www.kdheks.gov/waterwell</a> .						

KSA 82a-1212

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