

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)						
2 WATER WELL OWNER: Rupp's Tire Service RR#, St. Address, Box # : 407 E. Kansas Ave. City, State, ZIP Code : Garden City, KS 67846				Latitude: N 37.9546°						
				Longitude: W 100.86733°						
				Elevation: 2835.48 rim/ 2835.10 toc						
				Datum: above mean sea level						
Data Collection Method: legal survey										
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 42 ft.								
<div style="text-align: center;"> N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px;">SE</td> </tr> </table> S W E </div>		NW	NE	SW	SE	MW8				
		NW	NE							
		SW	SE							
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.								
		WELL'S STATIC WATER LEVEL 32.24 ft. below land surface measured on mo/day/yr 10/5/07								
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:		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 22 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.										
Casing height below land surface 0.38 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 Guaze 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 22 ft. to 42 ft. From _____ ft. to _____ ft.										
GRAVEL PACK INTERVALS:										
From 21 ft. to 42 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 21 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? East How many feet? ~ 50 ft.										
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS					
0	1	Gravel parking lot with brown silt, dry, no odor	23	25	No recovery					
			28	30	Sand with pebbles, coarse, slightly moist, no odor					
3	5	Sand with roots, very fine, brown, dry, no odor	33	35	Sand, medium grained, brown					
8	10	Sand with pebbles, medium to coarse grained, brown, dry, no odor	38	40	Clay with silt and caliche, brown, wet, slight petroleum odor					
13	15	Sand with pebbles, coarse, brown, dry, no odor								
18	20	Sand with pebbles, brown, dry			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 .										