

# WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

|   |     |   |      |  |                                  |   |
|---|-----|---|------|--|----------------------------------|---|
| <b>1 LOCATION OF WATER WELL:</b>  |     | Fraction $\frac{1}{4}$ $\frac{1}{4}$ SW $\frac{1}{4}$ |      | Section Number<br><b>19</b>  | Township Number<br>T <b>24</b> S | Range Number<br>R <b>32</b> E <b>(W)</b>    |
| County: <b>Finney</b>   |     |   |      | Global Positioning System (decimal degrees, min. of 4 digits)                      |                                  |   |
| Distance and direction from nearest town or city street address of well if located within city? From Garden City appx / 1 miles South |     |   |      | Latitude: <b>37.9479</b>   |                                  |   |
| <b>2 WATER WELL OWNER: Amparo Nunez</b><br>RR#, St. Address, Box # : 302 Hillside<br>City, State, ZIP Code : Garden City KS 67846     |     |   |      | Longitude: <b>100.8771</b>   |                                  |   |
|   |     |   |      | Elevation: _____   |                                  |   |
|   |     |   |      | Datum: _____   |                                  |   |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>   |     |   |      | <b>4 DEPTH OF COMPLETED WELL 277 ft.</b>   |                                  |   |
| <div style="text-align: center;"> </div>  |     |   |      | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.               |                                  |   |
|   |     |   |      | WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____ |                                  |   |
|   |     |   |      | Pump test data: Well water was _____ ft. after <b>4</b> hours pumping _____ gpm    |                                  |   |
|   |     |   |      | Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm |                                  |   |
| <b>WELL WATER TO BE USED AS: 5</b>  |     |   |      | <b>8 Air conditioning 11 Injection well</b>  |                                  |   |
| <b>(1) Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)</b>   |     |   |      |  |                                  |   |
| <b>2 Irrigation 4 Industrial 7 Domestic (lawn &amp; garden) 10 Monitoring well</b>  |     |   |      |  |                                  |   |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>x</b> ; If yes, mo/day/yr _____                        |     |   |      | Water Well Disinfected? Yes <b>x</b> No _____                                      |                                  |   |
| <b>5 TYPE OF CASING USED:</b>   |     |   |      |  |                                  |   |
| 1 Steel   |     | 3 RMP (SR)  |      | 5 Wrought Iron   |                                  | 8 Concrete tile                             |
| <b>(2) PVC</b>  |     | 4 ABS   |      | 6 Asbestos-Cement  |                                  | 9 Other (specify below) _____               |
|   |     | 7 Fiberglass  |      |  |                                  | CASING JOINTS: Glued <b>X</b> Clamped _____ |
| Blank casing diameter _____ 5 in. to _____ 277 ft., Dia   |     |   |      |  |                                  | Welded _____                                |
| Casing height above land surface _____ 12 in., Weight _____ 2.9 lbs./ft.  |     |   |      |  |                                  | Threaded _____                              |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>  |     |   |      |  |                                  |   |
| 1 Steel   |     | 3 Stainless steel                                     |      | 5 Fiberglass   |                                  | <b>(7) PVC</b>                              |
| 2 Brass   |     | 4 Galvanized steel                                    |      | 6 Concrete tile  |                                  | 8 RM (SR)                                   |
|   |     |   |      |  |                                  | 9 ABS                                       |
|   |     |   |      |  |                                  | 10 Asbestos-Cement                          |
|   |     |   |      |  |                                  | 11 Other (specify) _____                    |
|   |     |   |      |  |                                  | 12 None used (open hole)                    |
| <b>SCREEN OR PERFORATION OPENINGS ARE:</b>  |     |   |      |  |                                  |   |
| 1 Continuous slot   |     | <b>(3) Mill slot</b>                                  |      | 5 Guaze wrapped  |                                  | 7 Torch cut                                 |
| 2 Louvered shutter  |     | 4 Key punched   |      | 6 Wire wrapped   |                                  | 8 Saw Cut                                   |
|   |     |   |      |  |                                  | 9 Drilled holes                             |
|   |     |   |      |  |                                  | 11 None (open hole)                         |
|   |     |   |      |  |                                  | 10 Other (specify) _____                    |
| <b>SCREEN-PERFORATED INTERVALS:</b>   |     |   |      |  |                                  |   |
| From _____ 80   |     | ft. to _____ 277                                      |      | ft. From _____   |                                  | ft. to _____                                |
|   |     |   |      |  |                                  | ft. From _____                              |
|   |     |   |      |  |                                  | ft. From _____                              |
|   |     |   |      |  |                                  | ft. From _____                              |
|   |     |   |      |  |                                  | ft. From _____                              |
| <b>GRAVEL PACK INTERVALS:</b>   |     |   |      |  |                                  |   |
| From _____ 20   |     | ft. to _____ 277                                      |      | ft. From _____   |                                  | ft. to _____                                |
|   |     |   |      |  |                                  | ft. From _____                              |
|   |     |   |      |  |                                  | ft. From _____                              |
|   |     |   |      |  |                                  | ft. From _____                              |
|   |     |   |      |  |                                  | ft. From _____                              |
| <b>6 GROUT MATERIAL:</b>  |     |   |      |  |                                  |   |
| 1 Neat cement   |     | 2 Cement grout  |      | <b>(3) Bentonite</b>   |                                  | 4 Other _____                               |
| Grout Intervals From _____ 0  |     | ft. to _____ 20                                       |      | ft. From _____   |                                  | ft. to _____                                |
|   |     |   |      |  |                                  | ft. From _____                              |
|   |     |   |      |  |                                  | ft. From _____                              |
|   |     |   |      |  |                                  | ft. From _____                              |
| What is the nearest source of possible contamination: None Observed   |     |   |      |  |                                  |   |
| 1 Septic tank   |     | 4 Lateral lines                                       |      | 7 Pit privy  |                                  | 10 Livestock pens                           |
| 2 Sewer lines   |     | 5 Cess pool   |      | 8 Sewage lagoon  |                                  | 11 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? _____  |     |   |      | How many feet? _____   |                                  |   |
| FROM  | TO  | LITHOLOGIC LOG  | FROM | TO   | PLUGGING INTERVALS               |   |
| 0   | 2   | Top soil  |      |  |                                  |   |
| 2   | 7   | Sand fine   |      |  |                                  |   |
| 7   | 18  | Sand fine to med course w/gravel                      |      |  |                                  |   |
| 18  | 22  | Sandy clay  |      |  |                                  |   |
| 22  | 26  | Sand fine to med course                               |      |  |                                  |   |
| 26  | 47  | clay  |      |  |                                  |   |
| 47  | 51  | Gray shale  |      |  |                                  |   |
| 51  | 76  | Sandy clay  |      |  |                                  |   |
| 76  | 83  | Sand fine to med course                               |      |  |                                  |   |
| 83  | 89  | Sandy clay  |      |  |                                  |   |
| 89  | 131 | Sand fine to med course                               |      |  |                                  |   |
| 131   | 135 | Sandy clay  |      |  |                                  |   |
| 135   | 147 | Sand fine to med course                               |      |  |                                  |   |
| 147   | 230 | Sandy clay w/sand beds                                |      |  |                                  |   |
| 230   | 240 | Sand fine to med                                      |      |  |                                  |   |
| 240   | 277 | Sand fine to med course                               |      |  |                                  |   |
| 277   | 290 | Soap stone hard ledges                                |      |  |                                  |   |

|     |     |       |  |  |  |
|-----|-----|-------|--|--|--|
| 290 | 295 | Shale |  |  |  |
|     |     |       |  |  |  |
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**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) 10/29/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145. This Water Well Record was completed on (mo/day/year) 06/16/08 under the business name of Henkle Drilling & Supply Co, 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>.