

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		NE ¼ NE ¼ NE ¼		18		T 24 S		R 32 W																																											
Distance and direction from nearest town or city street address of well if located within city? 1027 N. 4th Street, 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 37.97491°																																															
				Longitude: W 100.86636°																																															
				Elevation: RIM: 2835.52 TOC: 2835.19																																															
				Datum: above mean sea level																																															
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>				4 DEPTH OF COMPLETED WELL 50.0 ft. MW15 Depth(s) Groundwater Encountered1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 42.35 ft. below land surface measured on mo/day/yr 6/19/08 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: 5 Wrought Iron 8 Concrete tile 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 _____ 30 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height below land surface 0.33 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 _____ 30 ft. to _____ 50 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ 29 ft. to _____ 50 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 Concrete: 0-26ft. Grout Intervals From _____ 26 ft. to _____ 29 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 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? NW How many feet? ~220ft.																																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> <td>Mulch, topsoil, with silt, brown, slightly, moist, no odor</td> <td>23</td> <td>25</td> <td>Sand, coarse, with cobbles, moist, no odor, poor recovery</td> </tr> <tr> <td>3</td> <td>5</td> <td>Sand, fine, light brown, little clay, moist, no odor</td> <td>28</td> <td>30</td> <td>As above</td> </tr> <tr> <td>8</td> <td>10</td> <td>Sand, coarse, with fine gravel, Fe staining, slightly moist, no odor</td> <td>33</td> <td>35</td> <td>Sand, coarse, with cobbles to ~33.5ft., moist, no odor, then clay with silt and some fine sand, light brown, moderate plasticity, moist, no odor</td> </tr> <tr> <td>13</td> <td>15</td> <td>Sand, medium grained, tan, fairly well sorted, with fine gravel, moist, no odor</td> <td>38</td> <td>40</td> <td>Clay with silt and some fine sand, light brown, Moderate plasticity, moist, no odor</td> </tr> <tr> <td>18</td> <td>20</td> <td>Sand, coarse, with fine gravel, moist, no odor</td> <td>43</td> <td>45</td> <td>As above</td> </tr> <tr> <td></td> <td></td> <td>FLUSHMOUNT WAIVER FROM BOW</td> <td>48</td> <td>50</td> <td>As above</td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	0	1	Mulch, topsoil, with silt, brown, slightly, moist, no odor	23	25	Sand, coarse, with cobbles, moist, no odor, poor recovery	3	5	Sand, fine, light brown, little clay, moist, no odor	28	30	As above	8	10	Sand, coarse, with fine gravel, Fe staining, slightly moist, no odor	33	35	Sand, coarse, with cobbles to ~33.5ft., moist, no odor, then clay with silt and some fine sand, light brown, moderate plasticity, moist, no odor	13	15	Sand, medium grained, tan, fairly well sorted, with fine gravel, moist, no odor	38	40	Clay with silt and some fine sand, light brown, Moderate plasticity, moist, no odor	18	20	Sand, coarse, with fine gravel, moist, no odor	43	45	As above			FLUSHMOUNT WAIVER FROM BOW	48	50	As above
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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) 6/18/08 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) 7/7/08 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 .																																																			