

## 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>		<b>NE ¼ NE ¼ NE ¼</b>		<b>18</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>406 E. Kansas Avenue, Garden City, KS</b>				<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)		
<b>2 WATER WELL OWNER: Rupp's Tire Service</b> RR#, St. Address, Box # : <b>407 E. Kansas Ave.</b> City, State, ZIP Code : <b>Garden City, KS 67846</b>				Latitude: <b>N 37.97688°</b>		
				Longitude: <b>W 100.86629°</b>		
				Elevation: <b>RIM: 2837.03 TOC: 2836.80</b>		
				Datum: <b>above mean sea level</b>		
Data Collection Method: <b>legal survey</b>						
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL 49.5 ft.</b>				
<div style="text-align: center;"> </div>		<b>MW17</b>				
		Depth(s) Groundwater Encountered <b>1</b> ft. <b>2</b> ft. <b>3</b> ft.				
		WELL'S STATIC WATER LEVEL <b>42.0</b> ft. below land surface measured on <b>mo/day/yr 6/17/08</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: <b>5</b> Public water supply <b>8</b> Air conditioning <b>11</b> Injection well				
		<b>1</b> Domestic <b>3</b> Feed lot <b>6</b> Oil field water supply <b>9</b> Dewatering <b>12</b> Other (Specify below)				
		<b>2</b> Irrigation <b>4</b> Industrial <b>7</b> Domestic (lawn & garden) <b>(10)</b> Monitoring well				
		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>1</b> Steel		<b>3</b> RMP (SR)		<b>6</b> Asbestos-Cement		<b>8</b> Concrete tile
<b>(2)</b> PVC		<b>4</b> ABS		<b>7</b> Fiberglass		<b>9</b> Other (specify below)
Blank casing diameter <b>2</b> in. to <b>29.5</b> ft., Dia						CASING JOINTS: <b>Glued</b> <b>Clamped</b>
Casing height below land surface <b>0.23</b> ft., Weight						<b>Welded</b>
TYPE OF SCREEN OR PERFORATION MATERIAL:						<b>Threaded</b> <b>X</b>
<b>1</b> Steel <b>3</b> Stainless steel <b>5</b> Fiberglass <b>(7)</b> PVC						<b>9</b> ABS <b>11</b> Other (specify)
<b>2</b> Brass <b>4</b> Galvanized steel <b>6</b> Concrete tile <b>8</b> RM (SR)						<b>10</b> Asbestos-Cement <b>12</b> None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:						
<b>1</b> Continuous slot <b>(3)</b> Mill slot <b>5</b> Guaze wrapped						<b>7</b> Torch cut <b>9</b> Drilled holes <b>11</b> None (open hole)
<b>2</b> Louvered shutter <b>4</b> Key punched <b>6</b> Wire wrapped						<b>8</b> Saw Cut <b>10</b> Other (specify)
SCREEN-PERFORATED INTERVALS: From <b>29.5</b> ft. to <b>49.5</b> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <b>28</b> ft. to <b>49.5</b> ft. From _____ ft. to _____ ft.						
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
<b>6 GROUT MATERIAL:</b> <b>1</b> Neat cement <b>2</b> Cement grout <b>(3)</b> Bentonite <b>(4)</b> Other <b>Concrete: 0-25ft.</b>						
Grout Intervals From <b>25</b> ft. to <b>28</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:						
<b>1</b> Septic tank <b>4</b> Lateral lines <b>7</b> Pit privy						<b>10</b> Livestock pens <b>13</b> Insecticide Storage <b>16</b> Other (specify below)
<b>2</b> Sewer lines <b>5</b> Cess pool <b>8</b> Sewage lagoon <b>(11)</b> Fuel storage						<b>14</b> Abandoned water well
<b>3</b> Watertight sewer lines <b>6</b> Seepage pit <b>9</b> Feedyard						<b>12</b> Fertilizer storage <b>15</b> Oil well/ gas well
Direction from well? <b>N to NE</b> How many feet? <b>~180ft.</b>						
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHOLOGIC LOG
<b>0</b>	<b>1</b>	<b>Grass, topsoil, with silt, brown, and some very fine sand, dry, no odor</b>		<b>28</b>	<b>30</b>	<b>Sand, coarse, with fine gravel, poorly sorted, moist, no odor, poor recovery</b>
<b>3</b>	<b>5</b>	<b>Silt with clay, brown, moist, no odor</b>		<b>33</b>	<b>35</b>	<b>Sand, coarse, poorly sorted, with gray-brown clay layer, moist, no odor, poor recovery</b>
<b>8</b>	<b>10</b>	<b>Sand, medium grained, light brown, with trace pebbles, not well sorted, Fe staining, moist, no odor</b>		<b>38</b>	<b>40</b>	<b>Sand, medium grained, brown, moderately sorted, wet, slight petroleum odor</b>
<b>13</b>	<b>15</b>	<b>Sand, coarse, with fine gravel, poorly sorted moist, no odor</b>		<b>43</b>	<b>45</b>	<b>As above</b>
<b>18</b>	<b>20</b>	<b>Sand, coarse, not well sorted, moist, no odor</b>		<b>48</b>	<b>50</b>	<b>As above</b>
<b>23</b>	<b>25</b>	<b>Sand, coarse, with fine gravel, poorly sorted,</b>		<b>FLUSHMOUNT WAIVER FROM BOW</b>		
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>6/17/08</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>7/7/08</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> .						