

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		NW ¼ NW ¼ NW ¼		7	T 24 S	R 32 W
Distance and direction from nearest town or city street address of well if located within city? 2522 N Hwy 83, Garden City				Global Positioning System (decimal degrees, min. of 4 digits)		
2 WATER WELL OWNER: Presto Convenience Stores LLC (Presto #23) RR#, St. Address, Box # : PO Box 609 City, State, ZIP Code : Andover, KS 67002-0609				Latitude: N 37.98916°		
				Longitude: W 100.88309°		
				Elevation: RIM: 2844.92 TOC: 2844.61		
				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 <u>30.0</u> ft.				
<div style="text-align: center;"> </div>		MW2				
		Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft.				
		WELL'S STATIC WATER LEVEL <u>19.31</u> ft. below land surface measured on mo/day/yr <u>8/7/08</u>				
		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) <u>10</u> Monitoring well				
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr _____				
		Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>				
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				
<u>2</u> PVC 4 ABS 7 Fiberglass		Threaded <u>X</u>				
Blank casing diameter <u>2</u> in. to <u>15.0</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height below land surface <u>0.31</u> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 3 Stainless steel 5 Fiberglass <u>7</u> 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 <u>3</u> Mill slot 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 <u>15.0</u> ft. to <u>30.0</u> ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS:						
From <u>14.0</u> ft. to <u>30.0</u> ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL:		1 Neat cement 2 Cement grout <u>3</u> Bentonite <u>4</u> Other Concrete: 0-2 ft				
Grout Intervals From <u>2</u> ft. to <u>14.0</u> 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 <u>11</u> 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? Northeast How many feet? <u>~10 ft</u>						
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHOLOGIC LOG
0	1	Concrete		23	30	Sand with clay and caliche, very fine grained, light gray, wet, no odor
3	5	Silty clay with coarse sand, gray, slightly moist, no odor				
8	10	Sand, coarse, poorly sorted, gray-dark gray, slightly moist, slight petroleum odor				
13	15	Sand, coarse, poorly sorted, gray-dark gray, slightly moist, petroleum odor				
18	20	Sand, coarse, poorly sorted with fine gravel, gray-dark gray, slightly moist, strong petroleum odor				
Flushmount waiver from BOW						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>8/5/08</u> and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>9/2/08</u>						
under the business name of <u>Larsen & Associates, Inc.</u> 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 .						