

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)

Latitude: **N 37.98936°**Longitude: **W 100.88313°**Elevation: **RIM: 2844.48****TOC: 2844.00**Datum: **above mean sea level**Data Collection Method: **legal survey**

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**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

		N	
		W	E
X		NW	NE
		SW	SE
		S	

4 DEPTH OF COMPLETED WELL**30.0 ft.****MW7**

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **18.59** ft. below land surface measured on mo/day/yr **8/7/08**

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/yrSample 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 _____

XBlank casing diameter **2** in. to **15.0** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.Casing height below land surface **0.48** 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 Gauze 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 **15.0** ft. to **30.0** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **14.0** ft. to **30.0** 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: 0-2 ft**Grout Intervals From **2** ft. to **14.0** 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? **South**How many feet? **~40 ft**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	Silty clay with coarse sand, brown, nearly dry, no odor	18	20	Sand, coarse grained, poorly sorted, multi-colored, very moist, no odor, poor recovery
3	4.5	Silty clay with some caliche, brown,	23	25	Sand, coarse grained, poorly sorted, multi-colored, wet, no odor, poor recovery
4.5	5	Sand, coarse grained, slightly moist, no odor			
8	10	Sand, coarse grained, poorly sorted, multi-colored, iron stained, slightly moist, no odor	28	30	Sand with clay and caliche, very fine grained, light gray, wet, no odor
13	15	Sand, coarse grained, poorly sorted, multi-colored, slightly moist, no odor			
					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) **8/5/08** 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) **9/2/08** 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>.