

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. **FI203**

1 LOCATION OF WATER WELL:		Fraction NW ¼ NW ¼ SE ¼		Section Number 1	Township Number T 24 S	Range Number R 34 EW								
County: Finney				Distance and direction from nearest town or city street address of well if located within city? From Johnson, appx 2 miles South & 3 Miles East										
2 WATER WELL OWNER: Boyd Funk RR#, St. Address, Box # : 3100 W 6 Mile Road City, State, ZIP Code : Garden City KS 67846				Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>37.9955</u> Longitude: <u>101.0020</u> Elevation: <u>2859</u> Datum: _____ Data Collection Method: _____										
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 335 ft.												
X <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td colspan="2">N</td></tr> <tr><td>NW</td><td>NE</td></tr> <tr><td>SW</td><td>SE</td></tr> <tr><td colspan="2">S</td></tr> </table>		N		NW	NE	SW	SE	S		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>82</u> ft. below land surface measured on mo/day/yr <u>10/25/07</u> Pump test data: Well water was <u>170</u> ft. after <u>4</u> hours pumping <u>1786</u> gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 _____ 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input checked="" type="checkbox"/> Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well				
N														
NW	NE													
SW	SE													
S														
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____														
5 TYPE OF CASING USED:														
<input checked="" type="checkbox"/> 1 Steel 2 PVC		3 RMP (SR) 4 ABS		5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass		8 Concrete tile 9 Other (specify below) _____ CASING JOINTS: Glued _____ Clamped _____ Welded <input checked="" type="checkbox"/> Threaded _____								
Blank casing diameter <u>16</u> in. to <u>335</u> ft., Dia		_____ in. to _____ ft., Dia		_____ in. to _____ ft.										
Casing height above land surface <u>12</u> in., Weight <u>42</u> lbs./ft.		Wall thickness or gauge No. <u>.250</u>												
TYPE OF SCREEN OR PERFORATION MATERIAL:														
<input checked="" type="checkbox"/> 1 Steel 2 Brass		3 Stainless steel 4 Galvanized steel		5 Fiberglass 6 Concrete tile 7 PVC 8 RM (SR)										
9 ABS 10 Asbestos-Cement		11 Other (specify) _____ 12 None used (open hole)												
SCREEN OR PERFORATION OPENINGS ARE:														
<input checked="" type="checkbox"/> 1 Continuous slot 2 Louvered shutter		3 Mill slot 4 Key punched		5 Guaze wrapped 6 Wire wrapped										
7 Torch cut 8 Saw Cut		9 Drilled holes 10 Other (specify) _____		11 None (open hole)										
SCREEN-PERFORATED INTERVALS:														
From <u>170</u> ft. to <u>330</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.										
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.										
GRAVEL PACK INTERVALS:														
From <u>20</u> ft. to <u>335</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.										
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.										
6 GROUT MATERIAL:														
1 Neat cement		2 Cement grout		<input checked="" type="checkbox"/> 3 Bentonite 4 Other _____										
Grout Intervals From <u>0</u> ft. to <u>20</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										
2 Sewer lines		5 Cess pool		8 Sewage lagoon										
3 Watertight sewer lines		6 Seepage pit		9 Feedyard										
10 Livestock pens		13 Insecticide Storage		16 Other (specify below)										
11 Fuel storage		14 Abandoned water well												
12 Fertilizer storage		15 Oil well/ gas well												
Direction from well? <u>North</u>		How many feet? <u>280</u>												
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS									
0	2	Top soil												
2	7	Sandy Clay												
7	27	Sand fine to med course small to large gravel												
27	60	Sandy clay												
60	71	Sand fine to med												
71	102	Sandy clay w/ small sand beads												
102	147	Sand fine to med some course w/ couple clay stringer												
147	166	clay												
166	204	Sand fine to med course clay stringers												
204	236	Sand fine to med course												
236	249	Sandy clay												
249	270	Sand fine to med w/some clay stringers												
270	300	Sand fine to med course												
300	313	Sand fine to med course small rock												
313	330	Sandy Clay w/ couple of sand beds												

330	340	Shale			

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) 10/24/07 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) 05/27/08 under the business name of Henkle Drilling & Supply Co, Inc. by (signature) Bruce J. Henkle.

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>.