

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

39,670

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township No.		Range Number																																																																			
County: Finney		1/4 NE 1/4 NE 1/4 NE 1/4		12		T 26 S		R 33 <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																																																			
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> Approximately 11 miles south of Garden City.					Global Positioning System (GPS) information: Latitude: 37.809344 (in decimal degrees) Longitude: -100.870991 (in decimal degrees) Elevation: unknown Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: WAAS <input checked="" type="checkbox"/> GPS unit (Make/Model: WAAS) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m																																																																						
2 WATER WELL OWNER: U.S.D. #457 RR#, Street Address, Box #: 1205 Fleming St. City, State, ZIP Code : Garden City, KS 67846																																																																											
3 LOCATE WELL WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL 360 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 245 ft. below land surface measured on mo/day/yr 08/02/12 Pump test data: Well water was Not checked ft. after _____ hours pumping _____ gpm EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 14 in. to 366 ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, mo/day/yr sample was submitted 08/07/12 Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																									
5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Other: Groove & Spline Casing diameter 6 in. to 319 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 12 in., Weight 5.00 lbs./ft., Wall thickness or gauge No. 390 TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous slot <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) _____ SCREEN-PERFORATED INTERVALS: From 319 ft. to 359 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 55 ft. to 260 ft., From _____ ft. to _____ ft. From 308 ft. to 366 ft., From _____ ft. to _____ ft.																																																																											
6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other Grout Intervals: From 5 ft. to 25 ft., From 25 ft. to 55 ft., From 260 ft. to 308 ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input checked="" type="checkbox"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well None Known Direction from well _____ Distance from well _____																																																																											
<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>LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>10</td> <td>Topsoil</td> <td>170</td> <td>226</td> <td>Clay, with gravel & caliche streaks</td> </tr> <tr> <td>10</td> <td>30</td> <td>Clay, sandy, brown</td> <td>226</td> <td>260</td> <td>Sand & gravel, fine to medium</td> </tr> <tr> <td>30</td> <td>34</td> <td>Sand & gravel, fine to medium</td> <td>260</td> <td>265</td> <td>Clay, tan</td> </tr> <tr> <td>34</td> <td>54</td> <td>Clay, tan</td> <td>265</td> <td>282</td> <td>Sand & gravel, fine to medium</td> </tr> <tr> <td>54</td> <td>74</td> <td>Clay, tan, with gravel streaks</td> <td>282</td> <td>285</td> <td>Clay, tan</td> </tr> <tr> <td>74</td> <td>94</td> <td>Sand & gravel, fine to medium</td> <td>285</td> <td>291</td> <td>Sand & gravel, fine to medium</td> </tr> <tr> <td>94</td> <td>120</td> <td>Sand & gravel, fine to medium, with clay streaks</td> <td>291</td> <td>308</td> <td>Clay, tan & brown</td> </tr> <tr> <td></td> <td></td> <td></td> <td>308</td> <td>312</td> <td>Sand & gravel, fine to medium</td> </tr> <tr> <td>120</td> <td>146</td> <td>Clay, tan, with gravel streaks</td> <td>312</td> <td>315</td> <td>Clay, tan & brown</td> </tr> <tr> <td>146</td> <td>170</td> <td>Sand & gravel, fine to medium</td> <td>315</td> <td>330</td> <td>Sand & gravel, fine to medium</td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	10	Topsoil	170	226	Clay, with gravel & caliche streaks	10	30	Clay, sandy, brown	226	260	Sand & gravel, fine to medium	30	34	Sand & gravel, fine to medium	260	265	Clay, tan	34	54	Clay, tan	265	282	Sand & gravel, fine to medium	54	74	Clay, tan, with gravel streaks	282	285	Clay, tan	74	94	Sand & gravel, fine to medium	285	291	Sand & gravel, fine to medium	94	120	Sand & gravel, fine to medium, with clay streaks	291	308	Clay, tan & brown				308	312	Sand & gravel, fine to medium	120	146	Clay, tan, with gravel streaks	312	315	Clay, tan & brown	146	170	Sand & gravel, fine to medium	315	330	Sand & gravel, fine to medium
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 08/02/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 08/06/12 under the business name of Clarke Well & Equipment, Inc. by (signature)																																																																											
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html .																																																																											