

Revision

WATER WELL RECORD

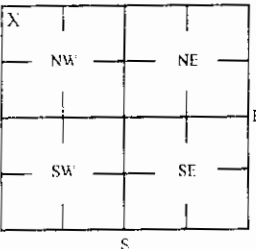
Form WWC-5

Division of Water
Resources App. No.

Well ID

WMW10

☒ Original Record ☒ Correction ☐ Change in Well Use

1 LOCATION OF WATER WELL: County Jefferson		Fraction NW ¼ NW ¼ NW ¼ NW ¼	Section Number 4	Township Number T 10 S	Range Number R 19 E W
2 WELL OWNER: Last Name: Edmonds First: Business: Walnut Street Station Address: 816 Cherokee St. City: Oskaloosa State: KS ZIP: 66066		Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> ~170' SE of 603 Walnut St., Oskaloosa KS			
3 LOCATE WELL WITH "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: 23.7 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 9.03 ft <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 6/9/2016 <input type="checkbox"/> above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was _____ ft after _____ hours pumping _____ gpm Water well was _____ ft after _____ hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: 7.25 in to _____ ft, and _____ in to _____ ft		5 Latitude: 39.21582 (decimal degrees) Longitude: 95.30972 (decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper		
		6 Elevation 1103.43 ft <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC Source <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____			

7 WELL WATER TO BE USED AS: 1 Domestic <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2 <input type="checkbox"/> Irrigation 3 <input type="checkbox"/> Feedlot 4 <input type="checkbox"/> Industrial		5 <input type="checkbox"/> Public Water Supply: well ID 6 <input type="checkbox"/> Dewatering: how many wells? 7 <input type="checkbox"/> Aquifer Recharge: well ID 8 <input checked="" type="checkbox"/> Monitoring: well ID WMW10 9 Environmental Remediation: well ID <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extractor <input type="checkbox"/> Recovery <input type="checkbox"/> Injection		10 <input type="checkbox"/> Oil Field Water Supply: lease 11 Test Hole: well ID <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12 Geothermal: How many bores? a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water <input type="checkbox"/> Other (specify): _____	
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Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted: _____
Water well disinfected? ☐ Yes ☒ No

8 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 checked="" type="checkbox"/> Threaded Casing diameter 2 in. to 8.7 ft. Diameter _____ in. to _____ ft. Diameter _____ in. to _____ ft. Casing height above land surface -0.4 in. Weight _____ lbs./ft. Well thickness or gauge No _____	
TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <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"/> Other (Specify) _____ <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)	
SCREEN-PERFORATED INTERVALS: From 8.7 ft. to 23.7 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 7 ft. to 25.5 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.	

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☒ Other Concrete: 0-0.5'
Grout intervals: From 0.5' ft. to 7 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

Nearest source of possible contamination:
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☒ Fuel Storage ☐ Abandoned Water Well
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well / Gas Well
☐ Other (Specify) _____
 Direction from well? NW Distance from well? ~210 ft

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	Grass and topsoil			
1	10	Silty clay, some gravel			
10	14.5	Silty clay, some gravel and pebbles			
14.5	25.5	Silty sand with till			

Notes: KDHE ID: Walnut Street Station: U4-044-14690

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed or ☐ plugged under my jurisdiction and was completed on (mo-day-year) 6/6/16 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) 6/30/16
under the business name of Larsen & Associates, Inc. Signature _____

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

Revised 7/10/2015

Revision

DENNIS L HANDKE

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785-286-1990 Fax

Jessica Chapman
Larsen & Associates
1311 E. 25th Street, Suite B
Lawrence, Kansas 66046

June 25, 2016
Revised July 12, 2016

RE: Monitor Well Elevation Survey
101 East Lake Street, McLouth, Kansas

Proj. 16-00G
McLouth BP
KDHE ID U4-044-14608

Bench Mark: Square cut on North center of pump island West of store building.
Elev: 1171.28 North 2651 West 2576 (from SE Cor. Sec. 8-10-20)

MW-9	rim	1167.12	North 2314	SE1/4,NE1/4,NE1/4,SW1/4
	top pipe	1166.78	West 2639	Lat = 39.19312 Long = 95.20839
MW-10	rim	1154.51	North 2257	SW1/4,NW1/4,NW1/4,SE1/4
	top pipe	1154.09	West 2498	Lat = 39.19297 Long = 95.20789
MW-11	rim	1145.19	North 2269	SW1/4,NW1/4,NW1/4,SE1/4
	top pipe	1144.82	West 2355	Lat = 39.19300 Long = 95.20739
MW-12	rim	1146.57	North 2385	NW1/4,NW1/4,NW1/4,SE1/4
	top pipe	1146.18	West 2336	Lat = 39.19372 Long = 95.20732
MW-13	rim	1153.73	North 2559	NW1/4,NW1/4,NW1/4,SE1/4
	top pipe	1153.47	West 2300	Lat = 39.19380 Long = 95.20719
MW-14	rim	1164.73	North 2666	NW1/4,NW1/4,NW1/4,SE1/4
	top pipe	1164.31	West 2361	Lat = 39.19409 Long = 95.20741

Lat & Long derived from McLouth 7.5' quad map. WGS84.

Elevation derived from existing project.

If you have any questions, please feel free to call me. Thank you for the opportunity to be of service to you.

