

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <b>Douglas</b>	Fraction <b>NW ¼ NW ¼ NE ¼</b>	Section Number <b>12</b>	Township Number <b>T 13 S R 19 E</b>	Range Number <b>19 E</b>
Distance and direction from nearest town or city street address of well if located within city? ~70ft E of 1303 W. 23 <sup>rd</sup> St., Lawrence KS		<b>Global Positioning System</b> (decimal degrees, min. of 4 digits) Latitude: <b>N 38.94256°</b> Longitude: <b>W 95.25022°</b> Elevation: <b>RIM: 853.77; TOC: 853.35</b> Datum: <b>WGS84</b> Data Collection Method: <b>legal survey</b>		

**2 WATER WELL OWNER: KDHE**  
RR#, St. Address, Box # : 1000 SW Jackson Blvd  
City, State, ZIP Code : Topeka, Blvd 66612

<b>3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL 22.85</b> ft.
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <b>10.72</b> ft. below land surface measured on mo/day/yr <b>8/17/15</b> 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) <b>10 Monitoring well</b>
	Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yrs Sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>

**5 TYPE OF CASING USED:**

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
<b>2 PVC</b>	4 ABS	7 Fiberglass		Welded _____
				Threaded <b>X</b>

Blank casing diameter **2** in. to **7.85** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
Casing height below land surface **0.42** ft., Weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless steel	5 Fiberglass	<b>7 PVC</b>	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	<b>3 Mill slot</b>	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 **7.85** ft. to **22.85** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From **6** ft. to **23.30** 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: 0-1'**

Grout Intervals From **1** ft. to **6** 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	<b>11 Fuel storage</b>	14 Abandoned water well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/ gas well	

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.1	Grass roots			
0.1	23.3	Gray weathered 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) **7/28/15** 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) **8/21/15** 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>.

# DENNIS L HANDKE

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

August 18, 2015

RE: Monitor Well Elevation Survey  
1303 W. 23<sup>rd</sup> St., Lawrence

Proj. 15-00EE  
Former June Gulf Service  
U4-023-14694

Bench Mark: Chisled sq. on NW corner of concrete signal light base at NE Corner of property.  
Elev: 854.08      North 5088.9      West 2447.7      (from SE Cor. Sec. 12-13-19E)

MW-1	rim	855.34	North	5198.0	SW1/4,SW1/4,SW1/4,SE1/4 (1-13-19)
	top pipe	854.86	West	2495.4	Lat= 38.94293 Long = 95.25059
MW-2	rim	855.84	North	5192.4	SW1/4,SW1/4,SW1/4,SE1/4 (1-13-19)
	top pipe	855.53	West	2616.8	Lat= 38.94294 Long = 95.25102
MW-3	rim	853.77	North	5070.3	NW1/4,NW1/4,NW1/4,NE1/4
	top pipe	853.35	West	2384.0	Lat= 38.94256 Long = 95.25022
MW-4	rim	851.16	North	4933.4	NW1/4,NW1/4,NW1/4,NE1/4
	top pipe	850.63	West	2364.5	Lat= 38.94219 Long = 95.25018
MW-5	rim	852.99	North	4952.2	NE1/4,NE1/4,NE1/4,NW1/4
	top pipe	852.62	West	2666.4	Lat= 38.94228 Long = 95.25124
MW-6	rim	853.62	North	5047.3	NE1/4,NE1/4,NE1/4,NW1/4
	top pipe	853.38	West	2674.5	Lat= 38.94255 Long = 95.25125

Lat & Long derived City of Lawrence West 7.5' quad map. WGS84.

Elevation established from city of Lawrence Bench Mark.

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

Dennis L Handke RLS

