WATER WELL RECORD **Form WWC-5**

[X] Original Record [ ] Correction [ ] Change in Well Ust

Division of Water Resources App. No. [ ]

Well ID **MW3**

1 LOCATION OF WATER WELL: County Osage | Fraction SW ¼ SW ¼ SW ¼ SE ¼ | Section Number 31 | Township Number T 16 S | Range Number R 16 [X] E [ ] W

2 WELL OWNER: Last Name: Burns First: Richard
Business:
Address: PO Box 278
Address:
City Lyndon State: KS ZIP: 66451

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: [ ]
105 E 6th St., Lyndon KS

3 LOCATE WELL WITH "X" IN SECTION BOX:

N
NW NE
W E
SW SE
X
S
|----------1 mile----------|

4 DEPTH OF COMPLETED WELL: 10 ft
Depth(s) Groundwater Encountered: 1) ____ ft 2) ____ ft 3) ____ ft, or 4) [ ] Dry Well
WELL'S STATIC WATER LEVEL: Dry ft.
[X] below land surface, measured on (mo-day-yr) 6/22/17
[ ] 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: 38.60894 (decimal degrees)
Longitude 95.68385 (decimal degrees)
Horizontal Datum: [X] WGS 84 [ ] NAD 83 [ ] NAD 27
Source for Latitude/Longitude:
[ ] GPS (unit make/model: ____)
(WAAS enabled? [ ] Yes [ ] No)
[X] Land Survey [ ] Topographic Map
[ ] Online Mapper

6 Elevation 1036.24 ft [ ] Ground Level [X] TOC
Source [X] Land Survey [ ] GPS [ ] Topographic Map
[ ] Other ____

7 WELL WATER TO BE USED AS:

1 Domestic:
[ ] Household
[ ] Lawn & Garden
[ ] Livestock
2 [ ] Irrigation
3 [ ] Feedlot
4 [ ] Industrial

5 [ ] Public Water Supply: well ID
6 [ ] Dewatering: how many wells?
7 [ ] Aquifer Recharge: well ID
8 [X] Monitoring: well ID **MW3**
9 Environmental Remediation: well ID
[ ] Air Sparge [ ] Soil Vapor Extractior
[ ] Recovery [ ] Injection

10 [ ] Oil Field Water Supply: lease ____
11 Test Hole: well ID ____
[ ] Cased [ ] Uncased [ ] Geotechnical
12 Geothermal: How many bores? ____
a) Closed Loop [ ] Horizontal [ ] Vertical
b) Open Loop [ ] Surface Discharge [ ] Inj. of Water
[ ] Other (specify): ____

Was a chemical/bacteriological sample submitted to KDHE? [ ] Yes [X] No If yes, date sample was submitted: ____
Water well disinfected? [ ] Yes [X] No

8 TYPE OF CASING USED: [ ] Steel [X] PVC [ ] Other ____ CASING JOINTS: [ ] Glued [ ] Clampled [ ] Welded [X] Threaded
Casing diameter 2 in. to 3 ft, Diameter ____ in. to ____ ft, Diameter ____ in. to ____ ft,
Casing height above land surface -0.25 in. Weight ____ lbs./ft. Well thickness or gauge No ____

TYPE OF SCREEN OR PERFORATION MATERIAL:
[ ] Steel [ ] Stainless Steel [ ] Fiberglass [X] PVC [ ] Other (Specify) ____
[ ] Brass [ ] Galvanized Steel [ ] Concrete tile [ ] None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
[ ] Continuous Slot [X] Mill Slot [ ] Gauze Wrapped [ ] Torch Cut [ ] Drilled Holes [ ] Other (Specify) ____
[ ] Louvered Shutter [ ] Key Punched [ ] Wire Wrapped [ ] Saw Cut [ ] None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 3 ft. to 10 ft, From ____ ft. to ____ ft, From ____ ft. to ____ ft,
GRAVEL PACK INTERVALS: From 1 ft. to 10 ft, From ____ ft. to ____ ft, From ____ ft. to ____ ft,

9 GROUT MATERIAL: [ ] Neat cement [ ] Cement grout [X] Bentonite [X] Other Concrete: 0-0.5'
Grout intervals: From 0.5 ft. to 1 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 [X] Fuel Storage [ ] Abandoned Water Well
[ ] Watertight Sewer Lines [ ] Seepage Pit [ ] Feedyard [ ] Fertilizer Storage [ ] Oil Well / Gas Well
[ ] Other (Specity) ____
Direction from well? W Distance from well? ~100 ft

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	Asphalt, gravel			
1	6.5	Silty clay			
6.5	6.75	Limestone			
6.75	10	Shale			

Notes: KDHE ID: Romine Texaco; U4-070-14856
Target of monitoring well is shallow groundwater, <20' of grout was installed at the direction of KDHE.

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was [X] constructed, [ ] reconstructed, or [ ] plugged under my jurisdiction and was completed on (mo-day-year) 5/30/17 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) 8/22/17 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**