

**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.   Well ID mw-6

Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: Marion	Fraction SE ¼ NE ¼ SW ¼ NE ¼	Section Number 27	Township Number T 19 S	Range Number R 1 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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**2 WELL OWNER:** Last Name: Coop Grain & Supply First:    
 Business: Coop Grain & Supply 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:   
 Address: 113 W. Main Street  
 Address:    
 City: Lehigh State: KS ZIP:  

<p><b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>NW</td><td>NE</td><td> </td></tr> <tr><td>W</td><td> </td><td>X</td><td> </td></tr> <tr><td> </td><td>SW</td><td>SE</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>E</td></tr> <tr><td> </td><td>S</td><td> </td><td> </td></tr> </table> <p>----- 1 mile -----</p>						NW	NE		W		X			SW	SE					E		S			<p><b>4 DEPTH OF COMPLETED WELL:</b> ..... 16 ..... ft.                  Depth(s) Groundwater Encountered: 1) ..... ft.                  2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well                  WELL'S STATIC WATER LEVEL: ..... 3.9 ft.  <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>5-15-11</u>  <input type="checkbox"/> above land surface, measured on (mo-day-yr) <u>7-2-11</u>                  Pump test data: Well water was ..... ft.                  after ..... hours pumping ..... gpm                  Well water was ..... ft.                  after ..... hours pumping ..... gpm                  Estimated Yield: ..... gpm                  Bore Hole Diameter: <u>8.75</u> in. to <u>16</u> ft. and                  ..... in. to ..... ft.</p>	<p><b>5 Latitude:</b> ..... 38.37 ..... 206 ..... (decimal degrees)  <b>Longitude:</b> ..... -97.303 ..... 27 ..... (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: .....</p>
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	SW	SE																								
			E																							
	S																									
<p><b>7 WELL WATER TO BE USED AS:</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn &amp; Garden <input type="checkbox"/> Livestock</td> <td style="width: 33%;">5. <input type="checkbox"/> Public Water Supply: well ID .....</td> <td style="width: 33%;">10. <input type="checkbox"/> Oil Field Water Supply: lease .....</td> </tr> <tr> <td>2. <input type="checkbox"/> Irrigation</td> <td>6. <input type="checkbox"/> Dewatering: how many wells? .....</td> <td>11. Test Hole: well ID .....</td> </tr> <tr> <td>3. <input type="checkbox"/> Feedlot</td> <td>7. <input type="checkbox"/> Aquifer Recharge: well ID .....</td> <td><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical</td> </tr> <tr> <td>4. <input type="checkbox"/> Industrial</td> <td>8. <input checked="" type="checkbox"/> Monitoring: well ID <u>MW-6</u></td> <td>12. Geothermal: how many bores? .....</td> </tr> <tr> <td></td> <td>9. Environmental Remediation: well ID .....</td> <td>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction</td> <td>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Recovery <input type="checkbox"/> Injection</td> <td>13. <input type="checkbox"/> Other (specify): .....</td> </tr> </table>		1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....	2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID .....	3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical	4. <input type="checkbox"/> Industrial	8. <input checked="" type="checkbox"/> Monitoring: well ID <u>MW-6</u>	12. Geothermal: how many bores? .....		9. Environmental Remediation: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical		<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water		<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify): .....	<p><b>6 Elevation:</b> ..... 1530.52 ft. <input checked="" type="checkbox"/> Ground Level <input type="checkbox"/> TOC                  Source: <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map  <input type="checkbox"/> Other .....</p>			
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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:**  Steel  PVC  Other ..... CASING JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter ..... 2 ..... in. to ..... 16 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... 0 ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. Sch 40  
**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 Steel  Stainless Steel  Fiberglass  PVC  Other (Specify) .....  
 Brass  Galvanized Steel  Concrete tile  None used (open hole)  
**SCREEN OR PERFORATION OPENINGS ARE:**  
 Continuous Slot  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 6 ..... ft. to 16 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From 4 ..... ft. to 16 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

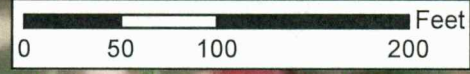
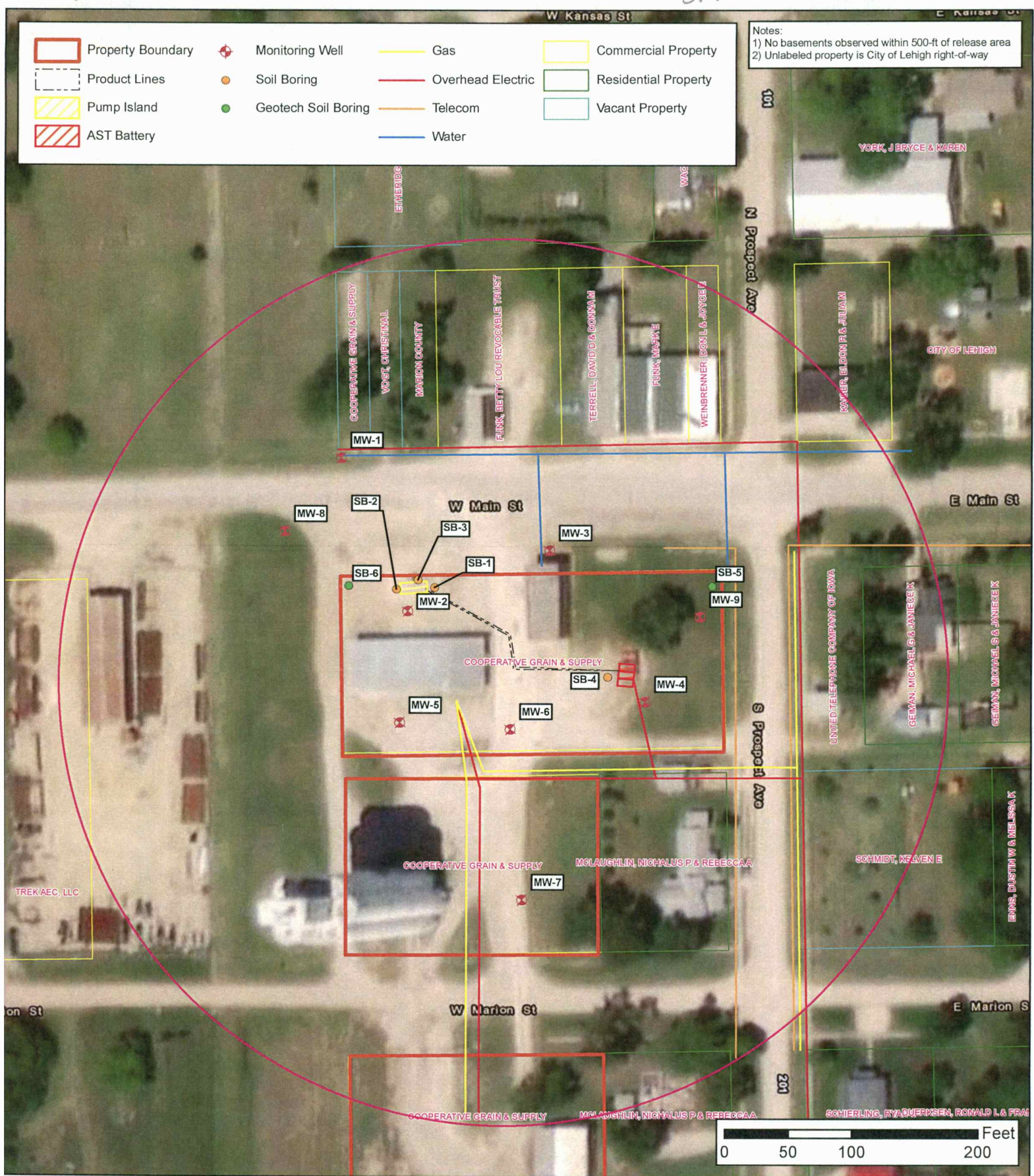
**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....  
 Grout Intervals: From 0 ..... ft. to 1 ..... ft., From 1 ..... ft. to 4 ..... ft., From ..... ft. to ..... ft.  
**Nearest source of possible contamination:**  
 Septic Tank  Lateral Lines  Pit Privy  Livestock Pens  Insecticide 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) .....

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	Gravel & fill			
1	5	Clay, dark brown, moist, plastic, strong odor			
5	13	Clay, tan to brown, moist, plastic, strong odor			
13	16	Shale, tan-gray, dry, weathered			
Notes:					

**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) 2-11-2019 ..... and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 604 ..... This Water Well Record was completed on (mo-day-year) 2/21/19 .....  
 under the business name of Environmental Priority Service, Inc. Signature [Signature]

	Property Boundary		Monitoring Well		Gas		Commercial Property
	Product Lines		Soil Boring		Overhead Electric		Residential Property
	Pump Island		Geotech Soil Boring		Telecom		Vacant Property
	AST Battery				Water		


Notes:  
 1) No basements observed within 500-ft of release area  
 2) Unlabeled property is City of Lehigh right-of-way



DESIGNED BY:	CC
DRAWN BY:	CC
CHECKED BY:	RW
APPROVED BY:	CC
DATE:	JUNE 2019



**Area Base Map (350-ft radius)**  
**Cooperative Grain and Supply Co.**



A5-057-40489  
 113 W. Main Street  
 Lehigh, KS

FIGURE  
**2.1**

**LSA Report**