

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Linn</u>	Fraction <u>NE ¼ NW ¼ SW ¼</u>	Section Number <u>31</u>	Township Number T <u>21</u> S <u> </u> R <u>25</u> E	Range Number <u>25</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1014 Main St., Pleasanton, KS</u>		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>N 38.17463°</u> Longitude: <u>W 94.70960°</u> Elevation: <u>RIM: 863.92; TOC: 863.41</u> Datum: <u>NAVD 29</u> Data Collection Method: <u>legal survey</u>		
2 WATER WELL OWNER: Enlow Sales Co. RR#, St. Address, Box # : <u>PO Box 1546</u> City, State, ZIP Code : <u>Manhattan, KS 66502</u>				

3 LOCATE WELL'S LOCATOR WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>20.05</u> ft.										
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">X</td><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr> <tr><td colspan="2" style="text-align: center;">S</td></tr> </table>	N		NW	NE	X		SW	SE	S		Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft. WELL'S STATIC WATER LEVEL <u>6.87</u> ft. below land surface measured on <u>mo/day/yr</u> <u>5/27/15</u> 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) <u>10</u> Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>
N											
NW	NE										
X											
SW	SE										
S											

5 TYPE OF CASING USED:	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____ Welded _____
<u>2</u> PVC	4 ABS	7 Fiberglass	_____ Threaded <u>X</u>
Blank casing diameter <u>2</u> in. to <u>5.05</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	Casing height below land surface <u>0.51</u> ft., Weight _____ lbs./ft.	Wall thickness or gauge No. _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	<u>7</u> PVC
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)
SCREEN OR PERFORATION OPENINGS ARE:		9 ABS	11 Other (specify) _____
1 Continuous slot	<u>3</u> Mill slot	5 Gauze wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut
SCREEN-PERFORATED INTERVALS:		9 Drilled holes	11 None (open hole)
From <u>5.05</u> ft. to <u>20.05</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:		From <u>3</u> ft. to <u>20.57</u> ft.	From _____ ft. to _____ ft.
From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	<u>3</u> Bentonite
Grout Intervals From <u>1</u> ft. to <u>3</u> ft.	From _____ ft. to _____ 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
2 Sewer lines	5 Cess pool	8 Sewage lagoon	<u>11</u> Fuel storage
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
Direction from well? <u>S-SE</u>		How many feet? <u>~150'</u>	
		13 Insecticide Storage	
		14 Abandoned water well	
		15 Oil well/ gas well	
		16 Other (specify below) _____	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.2	Asphalt			
0.2	0.5	Gravel			
0.5	8	Light brown clay			
8	15	Tan to brown clayey shale			
15	20.57	Clayey shale with limestone stringers			

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) 5/11/15 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) 6/15/15 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>.

State of Kansas

KDHE/BER Well Tag Form

Mangold's Market Basket

KDHE Project Code:

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0	5	4
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1	4	6	2	3
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Well Tag Number	Well Number
0051578	MW15
0051580	MW16
0051579	MW17

After completing this form, photocopy it and keep the copy for your files. Send the original to the address below.

Kansas Department of Health & Environment
 Bureau of Environmental Remediation
 1000 SW Jackson, Suite 410
 Topeka, KS 66612-1367