

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No.

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number
County: Linn		NE ¼ NW ¼ SW ¼		31	T 21 S R 25 E	
Distance and direction from nearest town or city street address of well if located within city? 1019 Main St., Pleasanton, KS				Global Positioning System (decimal degrees, min. of 4 digits)		
				Latitude: N 38.17411°		
				Longitude: W 94.71011°		
				Elevation: RIM: 860.93; TOC: 860.44		
				Datum: NAVD 29		
				Data Collection Method: legal survey		
2 WATER WELL OWNER: Enlow Sales Co.						
RR#, St. Address, Box # : PO Box 1546						
City, State, ZIP Code : Manhattan, KS 66502						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 19.90 ft.				
<div style="text-align: center;"> </div>		MW16				
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL 1.92 ft. below land surface measured on mo/day/yr 5/27/15				
		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) 10 Monitoring well				
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr				
		Sample was submitted _____ Water Well Disinfected? Yes _____ No X				
5 TYPE OF CASING USED:						
1 Steel		3 RMP (SR)		5 Wrought Iron		8 Concrete tile
2 PVC		4 ABS		6 Asbestos-Cement		CASING JOINTS: Glued _____ Clamped _____
		7 Fiberglass		9 Other (specify below)		Welded _____
Blank casing diameter 2 in. to 4.90 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height below land surface 0.51 ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS
		8 RM (SR)		10 Asbestos-Cement		11 Other (specify) _____
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot		3 Mill slot		5 Gauze wrapped		7 Torch cut
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut
						9 Drilled holes
						11 None (open hole)
SCREEN-PERFORATED INTERVALS: From 4.90 ft. to 19.90 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 3 ft. to 20.46 ft. From _____ ft. to _____ ft.						
FROM _____ TO _____ LITHOLOGIC LOG						
FROM _____ TO _____ PLUGGING INTERVALS						
FROM 0 TO 0.1 Gravel						
FROM 0.1 TO 12 Brown clay						
FROM 12 TO 15 Brown clayey shale						
FROM 15 TO 20.46 Tan to light brown clayey shale with Limestone stringers at 16 feet						
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:

U	3	0	5	4	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