

# TRITERRA

## LAND SERVICES

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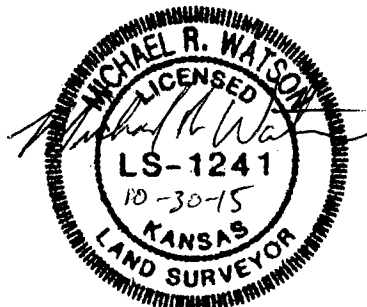
### SURVEY OF MONITORING WELLS PUMP N PETE'S #20 FORT SCOTT, KANSAS

The above site is in Section 19, Township 25 South, Range 25 East of the Sixth Principal Meridian, Bourbon County, Kansas. The Southeast corner of Section 19 was assigned coordinates of 00.00 North and 00.00 West.

The vertical control was a KDOT benchmark described as a chiseled square on the west end of the western most pump island on site. Elevation: 798.25' MSL. The same point was used for the control point.

The Latitude and Longitude were recorded from a GPS unit. The site is located on the 7.5' quad map titled "Fort Scott".

ID	NORTH	WEST	LATITUDE	LONGITUDE	ELEVATION
SE CORNER 19-T25S-R25E	00.00	00.00			
Control Point	2139.31	5179.80	37.85469	94.71321	798.25
MW-1	2143.05	5108.74	37.85469	94.71297	RIM 797.79
SW NW NW SW					TOC 797.15
MW-2	2096.61	5084.41	37.85457	94.71290	RIM 797.57
SW NW NW SW					TOC 797.22
MW-3	2173.49	5023.02	37.85477	94.71268	RIM 797.43
SW NW NW SW					TOC 797.10
MW-4	2136.15	5242.88	37.85467	94.71346	RIM 796.66
SW NW NW SW					TOC 796.26
MW-5	2230.08	5089.79	37.85493	94.71291	RIM 797.55
SW NW NW SW					TOC 796.92
MW-6	2010.05	5139.25	37.85431	94.71310	RIM 797.14
SW NW NW SW					TOC 796.61
MW-7	2233.84	5184.37	37.85495	94.71322	RIM 797.56
SW NW NW SW					TOC 796.92
MW-8	2074.27	5196.80	37.85451	94.71327	RIM 797.81
SW NW NW SW					TOC 797.21



## WATER WELL RECORD

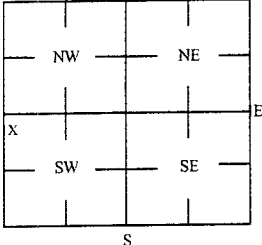
Form WWC-5

Division of Water  
Resources App. No.

Well ID

MW8

☒ Original Record ☐ Correction ☐ Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County Bourbon		Fraction SW ¼ NW ¼ NW ¼ SW ¼	Section Number 19	Township Number T 25 S	Range Number R 25 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
<b>2 WELL OWNER: Last Name:</b> Business: Pete's Corporation Address: 1712 Broadway Address: City Parsons State: KS ZIP: 67357		First: 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: <input type="checkbox"/> 998 N. National, Fort Scott, KS			
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> 		<b>4 DEPTH OF COMPLETED WELL:</b> 20 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: _____ ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 9/24/2015 <input type="checkbox"/> 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: 7.75 in to _____ ft, and _____ in to _____ ft		<b>5 Latitude:</b> 37.85451 (decimal degrees) <b>Longitude:</b> 94.71327 (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	
		<b>6 Elevation:</b> 797.21 ft <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC Source: <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____			

**7 WELL WATER TO BE USED AS:**

- |   |              |           |              |   |  |  |   |  |   |  |   |
|---|--------------|-----------|--------------|---|--|--|---|--|---|--|---|
| 1 Domestic:<br><input type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock | 2 Irrigation | 3 Feedlot | 4 Industrial | 5 <input type="checkbox"/> Public Water Supply: well ID _____ | 6 <input type="checkbox"/> Dewatering: how many wells? _____ | 7 <input type="checkbox"/> Aquifer Recharge: well ID _____ | 8 <input checked="" type="checkbox"/> Monitoring: well ID MW8 | 9 Environmental Remediation: well ID _____ | 10 <input type="checkbox"/> Oil Field Water Supply: lease _____ | 11 Test Hole: well ID _____<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical | 12 Geothermal: How many bores?<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br><input type="checkbox"/> Other (specify): _____ |
|   |              |           |              |   |  |  |   |  |   |  |   |

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 5 ft, Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft, Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft,  
Casing height above land surface -0.6 in. Weight \_\_\_\_\_ lbs./ft. Well thickness or gauge No \_\_\_\_\_

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

- ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☒ PVC  
☐ 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 5 ft. to 20 ft, From \_\_\_\_\_ ft. to \_\_\_\_\_ ft, From \_\_\_\_\_ ft. to \_\_\_\_\_ ft,

GRAVEL PACK INTERVALS: From 3 ft. to 20.6 ft, From \_\_\_\_\_ ft. to \_\_\_\_\_ ft, From \_\_\_\_\_ ft. to \_\_\_\_\_ ft,

**9 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☒ Other Concrete: 0-1'

Grout intervals: From 1 ft. to 3 ft, From \_\_\_\_\_ ft. to \_\_\_\_\_ ft, From \_\_\_\_\_ ft. to \_\_\_\_\_ ft,

**Nearest source of possible contamination:**

- |   |  |  |  |   |
|---|--|--|--|---|
| <input type="checkbox"/> Septic Tank            | <input type="checkbox"/> Lateral Lines | <input type="checkbox"/> Pit Privy     | <input type="checkbox"/> Livestock Pens          | <input type="checkbox"/> Insecticide Storage  |
| <input type="checkbox"/> Sewer Lines            | <input type="checkbox"/> Cess Pool     | <input type="checkbox"/> Sewage Lagoon | <input checked="" type="checkbox"/> Fuel Storage | <input type="checkbox"/> Abandoned Water Well |
| <input type="checkbox"/> Watertight Sewer Lines | <input type="checkbox"/> Seepage Pit   | <input type="checkbox"/> Feedyard      | <input type="checkbox"/> Fertilizer Storage      | <input type="checkbox"/> Oil Well / Gas Well  |
| <input type="checkbox"/> Other (Specify) _____  |  |  |  |   |

Direction from well? N-NE Distance from well? ~40 ft

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	0.7	Topsoil with some gravel			
0.7	5	Dark brown Fe stained silty clay			
5	15	Brown to gray mottled Fe stained silty clay			
15	20.6	Brown silty clay			

Notes: KDHE ID: Pump N Pete's #20; U3-006-14774

**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) 9/24/15 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) 1/21/16 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