

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <b>Butler</b>	Fraction <b>NW ¼ NW ¼ SE ¼</b>	Section Number <b>4</b>	Township Number <b>T 26 S R 5 E</b>	Range Number <b>5</b>	
Distance and direction from nearest town or city street address of well if located within city? ~360' SW of 2575 W. Central, El Dorado, Kansas		<b>Global Positioning System</b> (decimal degrees, min. of 4 digits) Latitude: <b>N 37.81600°</b> Longitude: <b>W 96.88831°</b> Elevation: <b>RIM: 1317.04 TOC: 1316.75</b> Datum: <b>NAVD 29</b> Data Collection Method: <b>legal survey</b>			

**2 WATER WELL OWNER: KDHE-BER**  
RR#, St. Address, Box # : 1000 SW Jackson  
City, State, ZIP Code : Topeka, Kansas 66612

<b>3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL 15 ft.</b>
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr 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) <b>10 Monitoring well</b> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>

**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 \_\_\_\_\_  
**2 PVC** 4 ABS 7 Fiberglass \_\_\_\_\_ Threaded **X**  
 Blank casing diameter **2** in. to **3** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height below land surface **0.29** ft., Weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_  
**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 1 Steel 3 Stainless steel 5 Fiberglass **7 PVC** 9 ABS 11 Other (specify) \_\_\_\_\_  
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) \_\_\_\_\_  
**SCREEN OR PERFORATION OPENINGS ARE:**  
 1 Continuous slot **3 Mill slot** 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)  
 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) \_\_\_\_\_  
**SCREEN-PERFORATED INTERVALS:** From **3** ft. to **15** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
**GRAVEL PACK INTERVALS:** From **2** ft. to **15.3** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout **3 Bentonite** **4 Other Concrete: 0-1 ft.**  
 Grout Intervals From **1** ft. to **2** 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 13 Insecticide Storage 16 Other (specify below)  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon **11 Fuel storage** 14 Abandoned water well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well  
 Direction from well? **NE** How many feet? **~400**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2.5	Grass on top; Dark brown silty clay			
2.5	3.5	Weathered limestone			
3.5	5	White to tan hard limestone			
5	15.3	White to tan hard limestone w/ thin shale beds			

**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) **3/24/15** 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) **5/26/15** 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>.

**DENNIS L. HANDKE**

1820 NW 59th Terrace  
TOPEKA, KANSAS 66618  
785-286-4047 Home  
785-286-1990 Fax

Jessica Chapman  
Larsen & Associates  
1311 E. 25<sup>th</sup> Street, Suite B  
Lawrence, Kansas, 66046

April 21, 2015

RE: Monitor Well Elevation Survey  
2575 W. Central, El Dorado, Kansas

Proj. 15-00S  
Gail & Helen's C-Store, Inc.  
KDHE ID U2-008-03914

Bench Mark: Chisled X on concrete pavement at the SW corner of building.  
Elev: 1323.81      North 2508.08      West 2078.50      (from SE Cor. Sec.4-26-5E)

MW-22    rim            1317.04      North    2161.95            SE1/4,NW1/4,NW1/4,SE1/4  
          top pipe    1316.75      West    2273.87            Lat= 37.81600    Long = 96.88831

Elevation derived from existing project.

Lat & Long derived from El Dorado SW 7.5 Quad Map NAVD 29

If you have any questions, please feel free to call me. Thank you for the opportunity to be of service to you.

April 21, 2015  
Dennis L Handke RLS  
KANSAS  
LAND SURVEYOR