

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. _____

1 LOCATION OF WATER WELL: Fraction NW ¼ SE ¼ SE ¼ Section Number 31 Township Number T 29 S Range Number R 2 E
 County: Sedgwick
 Distance and direction from nearest town or city street address of well if located within city? 503 N 1st St., Mulvane, KS **Global Positioning System** (decimal degrees, min. of 4 digits)
 Latitude: N 37.47877°
 Longitude: W 97.24822°
 Elevation: RIM: 1242.85; TOC: 1242.56
 Datum: WGS84
 Data Collection Method: legal survey

2 WATER WELL OWNER: Wayman Oil Bulk Fuel
 RR#, St. Address, Box # : 503 N 1st St.
 City, State, ZIP Code : Mulvane, KS

Elevation: RIM: 1242.85; TOC: 1242.56
 Datum: WGS84
 Data Collection Method: legal survey

3 LOCATE WELL'S LOCATOR WITH AN "X" IN SECTION BOX:

N			
NW	NE		
SW	SE	E	
S			

X is located in the SE corner of the section.

4 DEPTH OF COMPLETED WELL 25 ft.

LOCATOR MW2

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL 13.55 ft. below land surface measured on mo/day/yr 4/30/15

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: 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 10 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 10 ft. to 25 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 8 ft. to 25 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'
 Grout Intervals From 1 ft. to 8 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? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Fill			
2	4	Dark olive brown			
4	9.5	Orange brown silty clay			
9.5	16	Orange brown fine sand, becoming coarse w/ depth			
16	19	Light brown poorly sorted sand			
19	21	Light brown coarse sand w/ gravel			
21	25	Dark brown clayey silt with clay 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) 4/30/15 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) 7/1/15
 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
785-217-5864 Cell

KCS Copy

David Ross
Blackstone Environmental
1607 SW 41st St., Topeka, Kansas, 66609

May 20, 2015
Revised May 28, 2015

RE: Monitor Well Elevation Survey
503 N. 1st St., Mulvane, Kansas

Proj. 15-00U
Wayman Oil Bulk Fuel
KDHE ID A2-087-40461

Bch Mark: Chisled Sq. on NE corner of concrete entrance to building.
Elev: 1246.06 North 1210.56 West 1032.92 (from SE Cor. Sec. 31-29-2E)

MW-1	rim	1243.07	North	1281.26	NE1/4,NW1/4,SE1/4,SE1/4
	top pipe	1242.80	West	964.57	Lat= 37.47901 Long = 97.24806
MW-2	rim	1242.85	North	1193.60	NW1/4,NW1/4,SE1/4,SE1/4
	top pipe	1242.56	West	1012.32	Lat= 37.47877 Long = 97.24822
MW-3	rim	1243.19	North	1162.47	NW1/4,NW1/4,SE1/4,SE1/4
	top pipe	1242.98	West	1037.89	Lat= 37.47868 Long = 97.24831
MW-4	rim	1242.09	North	1132.59	NW1/4,NW1/4,SE1/4,SE1/4
	top pipe	1241.85	West	1025.78	Lat= 37.47860 Long = 97.24827
MW-5	rim	1242.62	North	1100.10	NW1/4,NW1/4,SE1/4,SE1/4
	top pipe	1242.32	West	1021.33	Lat= 37.47851 Long = 97.24826
MW-6	rim	1241.08	North	1110.21	NW1/4,NW1/4,SE1/4,SE1/4
	top pipe	1240.78	West	993.55	Lat= 37.47854 Long = 97.24816

Elevation derived from KDHE project U2-096-00583. NAVD 29

Lat & Long derived from Mulvane 7.5' Quad Map. WGS84

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

May 28, 2015
Dennis L Handke, RLS

Dennis L Handke
KANSAS
LAND SURVEYOR