

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:	Fraction County: Labette NE ¼ NE ¼ NW ¼	Section Number 24	Township Number T 31 S R 19 E	Range Number 19
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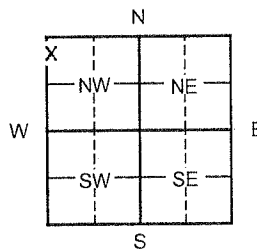
Distance and direction from nearest town or city street address of well if located within city? **210' SW of 2517 Main, Parsons KS**

Global Positioning System (decimal degrees, min. of 4 digits)

Latitude: N 37.34034°
 Longitude: W 95.27563°
 Elevation: RIM: 903.95; TOC: 903.41
 Datum: WGS84
 Data Collection Method: legal survey

2 WATER WELL OWNER: KDHE
 RR#, St. Address, Box # : **1000 SW Jackson Blvd**
 City, State, ZIP Code : **Topeka KS**

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



4 DEPTH OF COMPLETED WELL 10 ft.

Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.
 WELL'S STATIC WATER LEVEL Dry ft. below land surface measured on mo/day/yr 6/6/14
 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 4 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height below land surface 0.54 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 4 ft. to 10 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 3 ft. to 10.5 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 4 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? **~270'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.3	Concrete			
0.3	9.5	Dark gray brown silty clay			
9.5	10.5	Limestone			

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) 6/5/14 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) 7/3/14 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>.

HGS Copy

TRITERRA LAND SERVICES

P.O. Box 546
Clearwater, Kansas 67026
Cell (316) 648-3617 Fax (620) 584-4371
E-mail: triterrals@yahoo.co

SURVEYING OF MONITORING WELLS VIDEO SHOW PLACE PARSONS, KANSAS

The above site is in Section 13, Township 31 South, Range 19 East of the Sixth Principal Meridian, Labette County, Kansas. The southeast corner of Section 13 was assigned coordinates of 00.00 North and 00.00 West.

The top of casing elevation from GMW-11, located on site, associated with an adjacent survey, and the control point for that site, were used for vertical control. A control point was established on site as a chiseled 'X' on the south side of the pharmacy sign.

The Latitude and Longitude were recorded from a GPS unit. The site is located in the area of the 7.5' quad map titled "Parsons West".

ID	NORTH	WEST	LATITUDE	LONGITUDE	ELEVATION
SE CORNER 13-31S-19E	00.00	00.00			
Control Point	39.17	2439.71	37.34065	95.27480	900.30
MW-1 SW SW SW SE	94.16	2463.41	37.34081	95.27489	RIM 900.83 TOC 900.50
MW-2 SW SW SW SE	59.50	2503.76	37.34069	95.27500	RIM 900.55 TOC 900.24
MW-3 SW SW SW SE	155.10	2498.54	37.34096	95.27502	RIM 900.65 TOC 900.34
MW-4 SW SW SW SE	113.81	2393.98	37.34087	95.27458	RIM 901.79 TOC 901.53
MW-5 (Sec 24) NW NW NW NE	-156.47	2602.05	37.34012	95.27538	RIM 897.37 TOC 897.10
MW-6 SW SW SW SE	81.81	2597.92	37.34076	95.27533	RIM 899.73 TOC 899.34
MW-7 (Sec 24) NE NE NE NW	-71.78	2683.57	37.34034	95.27563	RIM 903.95 TOC 903.41

