

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------|
| 1 LOCATION OF WATER WELL: | Fraction County: Cherokee SW ¼ SW ¼ NW ¼ | Section Number 18 | Township Number T 33 S | Range Number R 24 E |
| Distance and direction from nearest town or city street address of well if located within city? 110 Northeast Ave., Columbus, KS | | Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N 37.17104° Longitude: W 94.83158° Elevation: RIM: 902.12; TOC: 901.73 Datum: WGS84 Data Collection Method: legal survey | | |
| 2 WATER WELL OWNER: KDHE (Abandoned Service) RR#, St. Address, Box # : 1000 SW Jackson Blvd City, State, ZIP Code : Topeka KS 66612 | | | | |

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| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL <u>14.73</u> ft. |
| | Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft. WELL'S STATIC WATER LEVEL <u>5.57</u> ft. below land surface measured on mo/day/yr <u>3/10-11/15</u> 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 |

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|-------------------------------------------------------------------------|------------|-------------------|-------------------------|----------------------------------------------|
| 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 <u>2</u> in. to <u>4.73</u> ft., Dia | | | | in. to _____ ft., Dia _____ in. to _____ ft. |
| Casing height below land surface <u>0.39</u> ft., Weight _____ lbs./ft. | | | | Wall thickness or gauge No. _____ |

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|------------------------------------------------|--------------------|------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-------|--------------------|
| 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 <u>4.73</u> ft. to <u>14.73</u> ft. | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. | | |
| GRAVEL PACK INTERVALS: | | From <u>3</u> ft. to <u>15.09</u> ft. | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. | | |

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|-------------------------------------------------------|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|--------------------------------------|
| 6 GROUT MATERIAL: | | 1 Neat cement | 2 Cement grout | 3 Bentonite | 4 Other Concrete: <u>0-1'</u> |
| Grout Intervals | From <u>1</u> ft. to <u>3</u> ft. | From _____ ft. to _____ 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? S | | | How many feet? <u>~70'</u> | | |

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-------|---------------------------------------------------|------|----|--------------------|
| 0 | 3 | Silty clay grading to sandstone | | | |
| 3 | 9 | Fine grained sandstone grading to sandy Siltstone | | | |
| 9 | 11 | Sandy siltstone | | | |
| 11 | 15.09 | Shale | | | |
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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) 3/9/15 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) 6/23/15 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

Abandoned Service Station

KDHE Project Code:

| | | | | | | | | | |
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| U | 3 | 0 | 1 | 1 | 1 | 4 | 1 | 5 | 8 |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|

Well Tag Number

Well Number

| Well Tag Number | Well Number |
|-----------------|-------------|
| 0050650 | MW1 |
| 0050651 | MW2 |
| 0050652 | MW3 |
| 0050653 | MW4 |
| 0050654 | MW5 |
| 0050657 | MW6 |
| 0050655 | MW7 |
| 0050658 | MW8 |
| 0050656 | MW9 |
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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