

WATER WELL RECORD

Form WWC-5

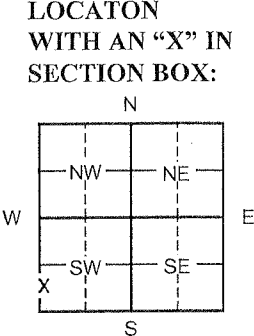
Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:	Fraction County: Montgomery NW ¼ SW ¼ SW ¼	Section Number 31	Township Number T 34 S R	Range Number 17 E
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Distance and direction from nearest town or city street address of well if located within city? **605 Northeast St., Coffeyville, KS** **Global Positioning System** (decimal degrees, min. of 4 digits)
 Latitude: **N 37.03693°**
 Longitude: **W 95.59895°**
 Elevation: **RIM: 714.62; TOC: 714.08**
 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 SECTION BOX: **4 DEPTH OF COMPLETED WELL 15.66 ft.**



Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL 7.95 ft. below land surface measured on **mo/day/yr 2/3/15**
 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 **5.66** 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 **5.66** ft. to **15.66** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **3** ft. to **16.20** 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 **3** 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? **SW** How many feet? **~120'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Grass on top; Dark brown silty clay			
5	16.2	Dark brown silty clay w/ gray mottling			

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) **2/3/15** 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) **2/24/15** 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>.

TRITERRA LAND SERVICES

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

SURVEYING OF ADDITIONAL MONITORING WELLS
701 NORTHEAST STREET
COFFEYVILLE, KANSAS

The above site is in Section 31, Township 34 South, Range 17 East of the Sixth Principal Meridian, Montgomery County, Kansas. The Southeast corner of Section 31 was assigned coordinates of 00.00 North and 00.00 West.

The previously established site control point was used for vertical control. It is described as a chiseled 'X' on the southeast corner of the old sign base at the north edge of the site.

The Latitude and Longitude were recorded from a GPS device. The site is located on the quad map titled "Coffeyville East".

ID	NORTH	WEST	LATITUDE	LONGITUDE	ELEVATION
SE CORNER 31-34S-17E	00.00	00.00			
	(Irregular Section)				
Control Point	894.41	6302.29	37.03682	95.59920	715.94
MW-9 SW NW SW SW	933.27	6236.59	37.03693	95.59895	RIM 714.62 TOC 714.08
MW-10 SW NW SW SW	990.06	6415.01	37.03709	95.59956	RIM 715.81 TOC 715.55



State of Kansas
KDHE/BER Well Tag Form

701 Northeast Street

KDHE Project Code:

U	3	0	6	3	1	4	5	4	9
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Well Tag Number

Well Number

Well Tag Number	Well Number
0051038	MW9
0051037	MW10

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