

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No. _____

1 LOCATION OF WATER WELL: Fraction **Doniphan** NW NE SW Section Number **17** Township Number **T 3 S** Range Number **R 21 E**
 County: **Doniphan**
 Distance and direction from nearest town or city street address of well if located within city? **~390' NE of 137 Locust St., Troy KS** **Global Positioning System** (decimal degrees, min. of 4 digits)
 Latitude: **39.79164**
 Longitude: **95.09074**

2 WATER WELL OWNER: KDHE
 RR#, St. Address, Box # : **1000 SW Jackson**
 City, State, ZIP Code : **Topeka KS 66612**
 Elevation: **RIM: 1138.16; TOC: 1137.92**
 Datum: **WGS84**
 Data Collection Method: **Legal survey**

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

N	
NW	NE
X	
SW	SE
S	

4 DEPTH OF COMPLETED WELL 52.90 ft.
MW14
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **41.51** ft. below land surface measured on **mo/day/yr 7/24/15**
 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 **32.90** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height below land surface **0.24** 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 **32.90** ft. to **52.90** ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **25** ft. to **53.25** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** **4 Other Concrete: 0-1ft**
 Grout Intervals From **1** ft. to **25** 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? **SE** How many feet? **~450'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.3	Silty clay with roots and sod			
0.3	0.6	Brown clayey silt			
0.6	53.25	Brown clayey silt			

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) **6/23/15** 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) **7/17/15**
 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 copy 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. 25th Street, Suite B
Lawrence, Kansas, 66046

July 3, 2015

RE: Monitor Well Elevation Survey
137 W. Locust St., Troy, Kansas

Proj. 15-00CC
Bob Wollenman, Inc.
U4-022-14389

Bench Mark: Chisled X on top of North bolt of concrete sign base at North center of property.
Elev: 1130.08 North 2267 West 3548 (from SE Cor. Sec. 17-3-21E)

MW-13	rim	1134.32	North	2370	NW1/4,NW1/4,NE1/4,SW1/4
	top pipe	1134.09	West	3793	Lat= 39.9008 Long = 95.09171
MW-14	rim	1138.16	North	2605	NW1/4,NW1/4,NE1/4,SW1/4
	top pipe	1137.92	West	3782	Lat= 39.79164 Long = 95.09074
MW-15	rim	1141.58	North	2535	NW1/4,SW1/4,NE1/4,SW1/4
	top pipe	1141.33	West	3621	Lat= 39.79053 Long = 95.09106

Lat & Long derived existing Troy 7.5' quad map. WGS84.

Elevation established from existing project.

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

Dennis L Handke R.L.S.

