

WATER WELL RECORD Form WWC-5 Division of Water Resources; App. No. _____

1 LOCATION OF WATER WELL: County: Doniphan	Fraction SW ¼ NE ¼ SW ¼	Section Number 17	Township Number T 3 S	Range Number R 21 E
Distance and direction from nearest town or city street address of well if located within city? ~250' NE of 137 Locust St., Troy KS		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>39.79053</u> Longitude: <u>95.09106</u> Elevation: <u>RIM: 1141.58; TOC: 1141.33</u> Datum: <u>WGS84</u> Data Collection Method: <u>Legal survey</u>		

2 WATER WELL OWNER: KDHE
RR#, St. Address, Box # : 1000 SW Jackson
City, State, ZIP Code : Topeka KS 66612

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>53.02</u> ft.										
<table border="1" style="margin:auto; border-collapse: collapse;"> <tr><td colspan="2" style="text-align:center;">N</td></tr> <tr><td style="text-align:center;">NW</td><td style="text-align:center;">NE</td></tr> <tr><td style="text-align:center;">W</td><td style="text-align:center;">E</td></tr> <tr><td style="text-align:center;">X</td><td style="text-align:center;">SE</td></tr> <tr><td colspan="2" style="text-align:center;">S</td></tr> </table>	N		NW	NE	W	E	X	SE	S		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>42.37</u> ft. below land surface measured on mo/day/yr <u>7/24/15</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
N											
NW	NE										
W	E										
X	SE										
S											

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass		Welded _____ Threaded X

Blank casing diameter 2 in. to 33.02 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height below land surface 0.25 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 33.02 ft. to 53.02 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 31 ft. to 53.29 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: 0-1ft**

Grout Intervals From 1 ft. to 31 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? ~300'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Brown silty clay			
2	10	Brown clayey silt			
10	15	Brown silt w/ less clay			
15	34	Brown silt			
34	53.29	Brown silt w/ some sand			

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) 6/22/15 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 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

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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.

