

WATER WELL RECORD

Form WWC-5

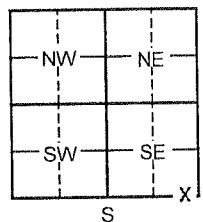
Division of Water Resources; App. No. _____

1 LOCATION OF WATER WELL: County: Jackson	Fraction SE ¼ SE ¼ SE ¼	Section Number 23	Township Number T 8 S	Range Number R 15 E
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Distance and direction from nearest town or city street address of well if located within city? **15823 R Road, Mayetta, Ks** **Global Positioning System** (decimal degrees, min. of 4 digits)
 Latitude: **N 39.33394°**
 Longitude: **W 95.72080°**
 Elevation: **RIM: 1202.32; TOC: 1201.72**
 Datum: **NAD27**
 Data Collection Method: **legal survey**

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

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: **4 DEPTH OF COMPLETED WELL 37.20 Ft. MW12**



Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **11.69** ft. below land surface measured on mo/day/yr **6/4/14**
 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/yrs
 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 **7.20** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height below land surface **0.60** 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 **7.20** ft. to **37.20** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **5** ft. to **37.67** 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 **5** 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? **~400ft**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Grass on top; Brown silty clay			
5	37.67	Brown silty clay with caliche			

Flushmount waiver from BOW

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) **6/3/14** 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) **6/25/14** 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.

Jackson Co

466 23 737 84-150

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

June 20, 2014

RE: Monitor Well Elevation Survey
15823 R. Road, Mayetta, Kansas

Proj. 14-00V
Roediger Oil Co.
U4-043-10008

Bench Mark: Chisled Sq.on SE corner of concrete sign base at East center of property.
Elev: 1199.42 North 150.5 West 44.9 (from SE Cor. Sec. 22-8-15E)

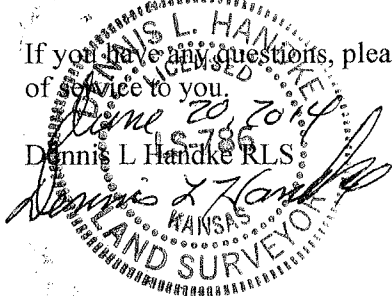
MW-9	rim	1193.47	South	54.1	NE1/4,NE1/4,NE1/4,NE1/4 (27-8-15)
	top pipe	1193.14	West	305.9	Lat= 39.33219 Long = 95.72094
MW-10	rim	1197.70	North	251.2	SW1/4,SW1/4,SW1/4,SW1/4 (23-8-15)
	top pipe	1197.34	East	10.5	Lat= 39.33302 Long = 95.71982
MW-11	rim	1199.31	North	458.3	NE1/4,SE1/4,SE1/4,SE1/4
	top pipe	1198.73	West	148.3	Lat= 39.33359 Long = 95.72038
MW-12	rim	1202.32	North	586.0	NE1/4,SE1/4,SE1/4,SE1/4
	top pipe	1201.72	West	266.0	Lat= 39.33394 Long = 95.72080
MW-13	rim	1202.17	North	468.9	NE1/4,SE1/4,SE1/4,SE1/4
	top pipe	1201.73	West	306.5	Lat= 39.33362 Long = 95.72095
MW-14	rim	1202.45	North	386.5	NE1/4,SE1/4,SE1/4,SE1/4
	top pipe	1202.14	West	308.2	Lat= 39.33339 Long = 95.72095
MW-15	rim	1203.01	North	284.1	SE1/4,SE1/4,SE1/4,SE1/4
	top pipe	1202.79	East	306.5	Lat= 39.33311 Long = 95.72095
MW-16	rim	1203.14	North	146.1	SE1/4,SE1/4,SE1/4,SE1/4
	top pipe	1202.55	West	293.6	Lat= 39.33274 Long = 95.72090

Lat & Long derived existing Mayetta 7.5' quad map. NAVD 27

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.

June 20, 2014
Dennis L Handke RLS



State of Kansas KDHE/BER Well Tag Form

Roediger Oil Co.

KDHE Project Code:

U	4	0	4	3	1	0	0	0	8
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Well Tag Number

Well Number

Well Tag Number	Well Number
0050251	MW9
0050250	MW10
0050244	MW11
0050249	MW12
0050246	MW13
0050247	MW14
0050245	MW15
0050248	MW16

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