

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Russell	SW ¼ NW ¼ NE ¼	7	T 11 S R 14 W	

Distance and direction from nearest town or city street address of well if located within city? **109 Main St, Paradise, KS**

Global Positioning System (decimal degrees, min. of 4 digits)
 Latitude: **N 39.11451°**
 Longitude: **W 98.91752°**
 Elevation: **RIM: 1701.07; TOC: 1700.54**
 Datum: **NAD 27**
 Data Collection Method: **legal survey**

2 WATER WELL OWNER: KDHE
 RR#, St. Address, Box # : **1000 SW Jackson, Suite 410**
 City, State, ZIP Code : **Topeka, KS 66612**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 34.98 ft.
	Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. WELL'S STATIC WATER LEVEL 27.01 ft. below land surface measured on mo/day/yr 1/9/15 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:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	

CASING JOINTS: Glued _____ Clamped _____
 Welded _____
 Threaded **X**

Blank casing diameter **2** in. to **20** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height below land surface **0.53** 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 **20** ft. to **34.98** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **13** ft. to **35** 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 **13** 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? **~180ft**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Grass on top; Brown silty clay			
5	20	Tan silty clay			
20	35	Light brown silty clay			

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) **1/8/15** 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) **2/12/15** 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

Thompson Service

KDHE Project Code:

U	6	0	8	4	1	0	8	9	2
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Well Tag Number	Well Number
0050937	MW2R
0050938	MW8R
0050935	MW12
0051136	MW13
0050936	MW14
0051137	MW15
0051138	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

TRITERRA

LAND SERVICES

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

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 BUREAU OF
 ENVIRONMENTAL REMEDIATION

**SURVEYING OF MONITORING WELLS
 THOMPSON SERVICE
 PARADISE, KANSAS**

The above site is in Section 7, Township 11 South, Range 14 West of the Sixth Principal Meridian, Russell County, Kansas. The Southeast corner of Section 35 was assigned coordinates of 00.00 North and 00.00 West.

The vertical control was the top of casing elevation of previously surveyed MW-1. The previously established control point had been destroyed. A new control point was established as a chiseled 'X' on the back of curb in front of the site at the southwest corner of the lot.

The Latitude and Longitude were recorded from a GPS unit. The Site is located on the 7.5' quad map titled "Paradise".

ID	NORTH	EAST	LATITUDE	LONGITUDE	ELEVATION
SE CORNER 7-11S-14W	00.00	00.00			
CP	3924.38	2408.30	39.11432	98.91823	1697.54
MW-2R - NE NW SW NE	3899.28	2279.75	39.11426	98.91779	RIM 1698.45 TOC 1698.07
MW-8R - NW NW SW NE	3808.07	2321.22	39.11400	98.91792	RIM 1695.92 TOC 1695.66
MW-12 - NE NW SW NE	3839.79	2071.25	39.11409	98.91700	RIM 1698.58 TOC 1698.04
MW-13 - SE SW NW NE	3996.05	2199.62	39.11451	98.91752	RIM 1701.07 TOC 1700.54
MW-14 - SW SW NW NE	3997.70	2353.29	39.11452	98.91802	RIM 1699.49 TOC 1699.16
MW-15 - NW NW SW NE	3954.65	2492.68	39.11438	98.91852	RIM 1697.76 TOC 1697.44
MW-16 - NW NW SW NE	3797.77	2543.17	39.11397	98.91869	RIM 1696.08 TOC 1695.80

