

WATER WELL RECORD

Form WWC-5

Division of Water
Resources App. No.

Well ID

MW10

☒ Original Record ☐ Correction ☐ Change in Well Use

1 LOCATION OF WATER WELL: County Lincoln	Fraction SE ¼ NE ¼ SE ¼ SE ¼	Section Number 34	Township Number T 11 S	Range Number R 8 E <input checked="" type="checkbox"/> W				
2 WELL OWNER: Last Name: First: Business: Walker Products Co. Address: PO Box 349 Address: City Lincoln State: KS ZIP: 67455		Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> 1324 N 170th Rd, Lincoln, KS						
3 LOCATE WELL WITH "X" IN SECTION BOX: <div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">NW</td> <td style="width: 20px; text-align: center;">NE</td> </tr> <tr> <td style="width: 20px; text-align: center;">SW</td> <td style="width: 20px; text-align: center;">SE</td> </tr> </table> <div style="text-align: center;">S</div> <div style="text-align: center;">X</div> <div style="text-align: center;">1 mile</div>	NW	NE	SW	SE	4 DEPTH OF COMPLETED WELL: 24 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 6.9 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 6/12/17 <input type="checkbox"/> above land surface, measured on (mo-day-yr) Pump test data: Well water was _____ ft after _____ hours pumping _____ gpm Water well was _____ ft after _____ hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: 7.25 in to _____ ft, and _____ in to _____ ft		5 Latitude: 39.04719 (decimal degrees) Longitude: 98.18963 (decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper	
NW	NE							
SW	SE							
6 Elevation: 1376.79 ft <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC Source: <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____								

7 WELL WATER TO BE USED AS:

- | | | |
|--|---|--|
| 1 Domestic:
<input type="checkbox"/> Household
<input type="checkbox"/> Lawn & Garden
<input type="checkbox"/> Livestock
2 Irrigation
<input type="checkbox"/> Feedlot
<input type="checkbox"/> Industrial | 5 <input type="checkbox"/> Public Water Supply: well ID
6 <input type="checkbox"/> Dewatering: how many wells?
7 <input type="checkbox"/> Aquifer Recharge: well ID
8 <input checked="" type="checkbox"/> Monitoring: well ID MW10
9 Environmental Remediation: well ID
<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction
<input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 10 <input type="checkbox"/> Oil Field Water Supply: lease
11 Test Hole: well ID
<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
12 Geothermal: How many bores?
a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
<input type="checkbox"/> Other (specify): _____ |
|--|---|--|

Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted: _____Water well disinfected? ☐ Yes ☒ No

8 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other _____ CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☒ Threaded
 Casing diameter 2 in. to 9 ft. Diameter _____ in. to _____ ft. Diameter _____ in. to _____ ft.
 Casing height above land surface -0.3 in. Weight _____ lbs./ft. Well thickness or gauge No _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ Steel ☐ Stainless Steel ☐ Fiberglass ☒ PVC ☐ Other (Specify) _____
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

☐ Continuous Slot ☒ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) _____
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 9 ft. to 24 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 7 ft. to 24 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☒ Other Concrete: 0-0.5'
 Grout intervals: From 0.5 ft. to 7 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

Nearest source of possible contamination:

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Lateral Lines | <input type="checkbox"/> Pit Privy | <input type="checkbox"/> Livestock Pens | <input type="checkbox"/> Insecticide St. 25 |
| <input type="checkbox"/> Sewer Lines | <input type="checkbox"/> Cess Pool | <input type="checkbox"/> Sewage Lagoon | <input type="checkbox"/> Fuel Storage | <input type="checkbox"/> Abandoned Water Well |
| <input type="checkbox"/> Watertight Sewer Lines | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Feedyard | <input checked="" type="checkbox"/> Fertilizer Storage | <input type="checkbox"/> Oil Well / Gas Well |
| <input type="checkbox"/> Other (Specify) _____ | | | | |

Direction from well? NE Distance from well? ~110 ft

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	0.3	Topsoil			
0.3	4	Clayey silty sand			
4	24	Fine grained sandstone			

Notes: KDHE ID: Walker Products Co., Inc.: U5-053-00111

Target of monitoring well is shallow groundwater. <20' of grout was installed at the direction of KDHE.

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-yr) 5/24/17 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-yr) 7/7/17
 under the business name of Larsen & Associates, Inc. Signature: _____

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,
 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

Revised 7/10/2015

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 22, 2017
Revised July 17, 2017

RE: Monitor Well Elevation Survey
1324 N. 170th Rd., Lincoln, Kansas

Proj. 17-00T
Walker Products Co, Inc.
U5-053-00111

Bench Mark: Sq.cut on Southeast corner of concrete retaining wall East of the garage.
Elev: 1405.08 North 1034 West 86 (from SE Cor. Sec. 34-11-8W)

MW-10	rim	1377.09	North	773	SE1/4,NE1/4,SE1/4,SE1/4
	top pipe	1376.79	West	276	Lat= 39.04719 Long = 98.18963
MW-11	rim	1382.63	North	625	NE1/4,SE1/4,SE1/4,SE1/4
	top pipe	1382.35	West	84	Lat= 39.04678 Long = 98.18896

Elevation derived from existing project.

Lat & Long derived from Lincoln 7.5 Quad Map WGS84.

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

RECEIVED

AUG 15 2017

BUREAU OF WATER

