

**Form WWC-5**

Division of Water Resources; App. No.

<b>1 LOCATION OF WATER WELL:</b>		Fraction		Section Number		Township Number		Range Number	
County: <u>Lincoln</u>		NW ¼ SW ¼ NW ¼		6		T 12 S		R 7 W	
Distance and direction from nearest town or city street address of well if located within city? ~190' S of 232 W. Lincoln Ave., Lincoln KS				<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)					
<b>2 WATER WELL OWNER: Quik Way, Inc.</b> RR#, St. Address, Box # : PO Box 282 City, State, ZIP Code : Lincoln, KS 67455				Latitude: <u>N 39.03981°</u>					
				Longitude: <u>W 98.15132°</u>					
				Elevation: <u>RIM: 1385.03; TOC: 1384.61</u>					
				Datum: <u>NAVD29</u>					
Data Collection Method: <u>legal survey</u>									
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL 25.07 ft.</b>							
		<b>MW12</b>							
		Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft.							
		WELL'S STATIC WATER LEVEL <u>16.45</u> ft. below land surface measured on mo/day/yr <u>4/15/15</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) <u>10</u> Monitoring well							
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr							
		Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>							
<b>5 TYPE OF CASING USED:</b>		5 Wrought Iron		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____			
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____		<u>2</u> PVC 4 ABS 7 Fiberglass				Threaded _____ <u>X</u>			
Blank casing diameter <u>2</u> in. to <u>10.07</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height below land surface <u>0.42</u> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____							
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>									
1 Steel 3 Stainless steel 5 Fiberglass <u>7</u> 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)							
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>									
1 Continuous slot <u>3</u> 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) _____							
<b>SCREEN-PERFORATED INTERVALS:</b>		From <u>10.07</u> ft. to <u>25.07</u> ft. From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS:		From <u>8</u> ft. to <u>25.5</u> ft. From _____ ft. to _____ ft.							
		From _____ ft. to _____ ft.							
<b>6 GROUT MATERIAL:</b>		1 Neat cement 2 Cement grout <u>3</u> Bentonite <u>4</u> Other <u>Concrete: 0-1'</u>							
Grout Intervals From <u>1</u> ft. to <u>8</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
<b>What is the nearest source of possible contamination:</b>									
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 <u>11</u> 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? <u>N</u> How many feet? <u>~200'</u>									
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b>		This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4/14/15</u> and this record is true to the best of my knowledge and belief.							
Kansas Water Well Contractor's License No. <u>757</u> This Water Well Record was completed on (mo/day/year) <u>6/4/15</u>									
under the business name of <u>Larsen &amp; Associates, Inc.</u> by (signature) _____									
<b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell">http://www.kdheks.gov/waterwell</a> .									

KCS  
Copy

**DENNIS L. HANDKE**

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1311 E. 25<sup>th</sup> Street, Suite B  
Lawrence, Kansas, 66046

May 3, 2015

RE: Monitor Well Elevation Survey  
223 W. Lincoln Ave., Lincoln, Kansas

Proj. 15-00T  
Quick Way, Inc.  
KDHE ID U5-053-14483

Bench Mark: Chisled X on NW corner of concrete sign base at the SW corner of property.  
Elev: 1386.38      North 3685.15      West 5087.66      (from SE Cor. Sec.6-12-7W)

MW-9	rim	1379.90	North	3684.98	NE1/4,NE1/4,SE1/4,NE1/4 (Sec. 1-12-8W)
	top pipe	1379.51	West	5344.65	Lat= 39.04039   Long = 98.16797
MW-10	rim	1381.05	North	3606.83	SE1/4,NE1/4,SE1/4,NE1/4 (Sec. 1-12-8W)
	top pipe	1380.62	West	5301.35	Lat= 39.04017   Long = 98.15202
MW-11	rim	1382.72	North	3528.75	SE1/4,NE1/4,SE1/4,NE1/4 (Sec. 1-12-8W)
	top pipe	1382.38	West	5259.92	Lat= 39.04001   Long = 98.15188
MW-12	rim	1385.03	North	3473.08	SW1/4,NW1/4,SW1/4,NW1/4
	top pipe	1384.61	West	5102.37	Lat= 39.03981   Long = 98.15132

Elevation derived from existing project.

Lat & Long derived from Lincoln 7.5 Quad Map NAVD 29

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

Dennis L Handke RLS

