

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Saline</u>	Fraction <u>SW ¼ SW ¼ NW ¼</u>	Section Number <u>36</u>	Township Number T <u>13</u> S <u> </u> R <u>3</u> W <u> </u>	Range Number <u>3</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>201 E Diamond Dr., Salina, KS 67401</u>		<b>Global Positioning System</b> (decimal degrees, min. of 4 digits) Latitude: <u>38.87828°</u> Longitude: <u>97.61066°</u> Elevation: <u>RIM: 1220.47; TOC: 1219.94</u> Datum: <u>NAD27</u> Data Collection Method: <u>legal survey</u>			

**2 WATER WELL OWNER:** Triplett Inc.  
RR#, St. Address, Box # : PO Box 647  
City, State, ZIP Code : Salina, KS 67401

**3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:**

N			
W	X		E
S			

**4 DEPTH OF COMPLETED WELL** 34.87 ft.  
MW16

Depth(s) Groundwater Encountered 1 \_\_\_\_\_ ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.  
WELL'S STATIC WATER LEVEL 26.61 ft. below land surface measured on mo/day/yr 2/10/15  
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/yrs  
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)	CASING JOINTS: Glued _____ Clamped _____
<u>2</u> PVC	4 ABS	7 Fiberglass		Welded _____ Threaded <u>X</u>

Blank casing diameter 2 in. to 19.87 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	<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)

**SCREEN OR PERFORATION OPENINGS ARE:**

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) _____	

**SCREEN-PERFORATED INTERVALS:** From 19.87 ft. to 34.87 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
**GRAVEL PACK INTERVALS:** From 18 ft. to 35.11 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 18 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	<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? NW How many feet? ~520'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Concrete			
0.5	10	Gray black silty clay			
10	35.11	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) 2/9/15 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) 2/24/15 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

1820 NW 59th Terrace  
TOPEKA, KANSAS 66618  
785-286-4047 Home  
785-286-1990 Fax

Jess Chapman  
Larsen & Associates  
1311 E. 25<sup>th</sup> St., Suite B  
Lawrence, Kansas, 66046

February 19, 2015

RE: Monitor Well Elevation Survey  
2230A North 9th Street, Salina

Proj. 15-00F  
24-7 Travel Store #1  
KDHE ID U5-085-14105

Bench Mark: Square cut on West corner concrete street light base at SW corner of property.  
Elev: 1220.85      North 2862.60      West 5190.00      (from SE Cor. Sec. 36-13-3W)

MW-16 rim	1220.47	North	2741.69	SE1/4,SW1/4,SW1/4,NW1/4
top pipe	1219.94	West	4814.33	Lat = 38.87828 Long = 97.61066
MW-17 rim	1219.71	North	2866.81	SW1/4,SE1/4,SE1/4,NE1/4 (Sec.35-13-3W)
top pipe	1219.19	West	5667.37	Lat = 38.87863 Long = 97.61366
AMW-20R rim	1220.18	North	3014.57	NE1/4,SE1/4,SE1/4,NE1/4 (Sec.35-13-3W)
top pipe	1219.87	West	5397.41	Lat = 38.87903 Long = 97.61271

Elevation derived from existing project.

Lat. & Long. derived from USGS 7.5 Quad map: New Cambria NAVD 27

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



