

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:	Fraction County: Saline NE ¼ NE ¼ NE ¼	Section Number 24	Township Number T 14 S	Range Number R 3 W
Distance and direction from nearest town or city street address of well if located within city? 1014 E. Crawford Ave., Salina, KS		Global Positioning System (decimal degrees, min. of 4 digits)		
		Latitude: 38.82669°		
		Longitude: 97.59432°		
		Elevation: RIM: 1226.66; TOC: 1226.31		
		Datum: WGS84		
		Data Collection Method: legal survey		

2 WATER WELL OWNER: Triplett, Inc.
 RR#, St. Address, Box # : **PO Box 647**
 City, State, ZIP Code : **Saline, KS 67402-0647**

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

N	X
NW	NE
SW	SE
S	

4 DEPTH OF COMPLETED WELL 34.45 ft.

MW2

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **27.0** ft. below land surface measured on **mo/day/yr 4/2/14**

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/yr

Sample was submitted _____ Water Well Disinfected? Yes _____ No **X**

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	5 Wrought Iron	7 Fiberglass	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
(2) PVC	4 ABS	6 Asbestos-Cement		9 Other (specify below)	Welded _____
					Threaded X

Blank casing diameter **2** in. to **14.45** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height below land surface **0.35** 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 **14.45** ft. to **34.45** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **13** ft. to **34.80** 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? **W** How many feet? **~15'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.7	Concrete			
0	10	Brown silty clay			
10	25	Tan fine sandy clay			
25	34.8	Medium sand			
					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) **4/1/14** 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) **5/1/14** 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 copy 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>.

TRITERRA

LAND SERVICES

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SURVEYING OF MONITORING WELLS EAST CRAWFORD AMOCO SALINA, KANSAS

All monitoring wells are located in the NW/4 Section 19, Township 14 South, Range 2 West of the Sixth Principal Meridian, Saline County, Kansas. The Northwest corner of Section 19 was assigned coordinates of 5280.00 North and 5280.00 West.

The top of casing elevation of CMW-13R from an adjacent site was used as vertical control. A control point was established as a chiseled 'X' on the northeast corner of the storm drain at the northwest corner of the site.

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

ID	NORTH	WEST	LATITUDE	LONGITUDE	ELEVATION
NW CORNER 19-14S-2W	5280.00	5280.00			
CP	5242.14	5203.89	38.82692	97.59383	1226.80
MW-1 NW NW NW NW	5159.89	5207.48	38.82673	97.59384	RIM 1228.22 TOC 1227.68
MW-2 (Sec 24-T14S-R3W) NE NE NE NE	5154.54	5344.99	38.82669	97.59432	RIM 1226.66 TOC 1226.31
MW-3 NW NW NW NW	5219.39	5113.02	38.82689	97.59351	RIM 1227.92 TOC 1227.53
MW-4 NW NW NW NW	5036.08	5139.09	38.82639	97.59361	RIM 1226.27 TOC 1225.99
MW-5 NE NW NW NW	5111.88	4941.74	38.82659	97.59293	RIM 1226.38 TOC 1226.01

