

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:	Fraction County: Saline NE ¼ NW ¼ NW ¼	Section Number 12	Township Number T 14 S 3 R 3 W	Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>38.85592°</u> Longitude: <u>97.60931°</u> Elevation: <u>RIM: 1218.42; TOC: 1217.97</u> Datum: <u>legal survey</u> Data Collection Method: <u>NAD83</u>
Distance and direction from nearest town or city street address of well if located within city? <u>829 N 5th St, Salina</u>				

2 WATER WELL OWNER: Something Else, LLC
 RR#, St. Address, Box # : P.O. Box 1305
 City, State, ZIP Code : Salina, KS 67402

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>34.75</u> ft.
	Depth(s) Groundwater Encountered <u>1</u> ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>26.15</u> ft. below land surface measured on mo/day/yr <u>9/9/14</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) 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)	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass		Welded _____ Threaded X

Blank casing diameter 2 in. to 19.75 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height below land surface 0.45 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 19.75 ft. to 34.75 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 18 ft. to 35.30 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	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? **East** How many feet? 160 ft

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Light brown clay with fine grained gravel, non friable	20	25	Light brown silty sand and clay grading to sand from 24-25 feet
5	10	Light brown calcite blebs in caliche, very fine grained	25	30	Tan to gray sand, medium grained
10	15	Light brown silty clay with calcite blebs in caliche	30	35.30	Tan to gray sand, coarse grained
15	20	Light brown silty sand with black and brown layers, very fine grained			
20	25	Light brown silty sand and clay grading to sand from 24-25 feet			

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) 9/9/14 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) 10/3/14 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 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>.

KGS Copy

SMH CONSULTANTS

October 02, 2014

Larsen & Associates, Inc.
Jessica Chapman
1311 East 25th Street, Suite B
Lawrence, Kansas 66046
Email: Jess@LarsenEnvironmental.com

RE: Project No. 1409MN1283

Dear Jessica:

The following is the information requested on a Monitoring Well Site, Corner Store, 842 North Santa Fe Avenue, Salina, Saline County, Kansas.

Point	North Coord.	East Coord.	Distance SE Cor. North	From S.12 West	Elev. Top Of Rim or PK Nail	Elev. Top of PVC Pipe	Latitude North	Longitude West
SE Corner S.12-T14S-R03W	5000	5000						
MW9	10194.41	582.37	5194.41	4417.63	1218.42	1217.97	38.85592	97.60931
MW10	10334.44	788.62	5334.44	4211.38	1217.94	1217.66	38.85633	97.60858
MW11	10149.77	1017.25	5149.77	3982.75	1218.14	1217.95	38.85583	97.60781
Site BM	10255.26	701.19	5255.26	4298.81		BM Elevation = 1217.18		

BM Description: "X" cut on the southwest corner of storm sewer inlet at northwest corner of property.

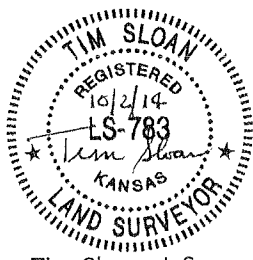
MW9 is in the: NW¼ NE¼ NW¼ NW¼ S.12-T14S-R03W

MW10 is in the: SE¼ SE¼ SW¼ SW¼ S.1-T14S-R03W

MW11 is in the: NE¼ NE¼ NW¼ NW¼ S.12-T14S-R03W

If you have any questions please do not hesitate in giving us a call.

Sincerely,



Tim Sloan, L.S.
SMH CONSULTANTS