

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. _____

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Saline	NE ¼ NW ¼ NW ¼	12	T 14 S	R 3 W
Distance and direction from nearest town or city street address of well if located within city? 204 E. Pacific Ave, Salina		Global Positioning System (decimal degrees, min. of 4 digits)		
		Latitude: 38.85583°		
		Longitude: 97.60781°		
		Elevation: RIM: 1218.14; TOC: 1217.95		
		Datum: legal survey		
		Data Collection Method: NAD83		

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:

N	
X	
NW	NE
W	E
SW	SE
S	

4 DEPTH OF COMPLETED WELL 35.07 ft.
 MW11
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **27.10** ft. below land surface measured on **mo/day/yr 9/9/14**
 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)	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 **20.07** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height below land surface **0.19** 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 **20.07** ft. to **35.07** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **18** ft. to **35.35** 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? **Northwest** How many feet? **270 ft**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Grass on top; Silty clay, low plasticity			
5	7	Tan loess			
7	10	Brown silty clay, low to no plasticity			
10	15	Very fine tan loess			
15	25	Very fine brown loess			
25	30	Tan sand, medium to coarse grained			
30	35.35	Tan sand, coarse grained			

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) **9/8/14** 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.

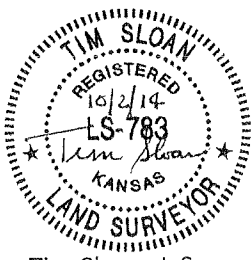
Point	North Coord.	East Coord.	Distance SE Cor. North	From S.12 West	Elev. Top Of Rim or PK Nail	Elev. Top of PVC Pipe	Latitude North	Longitude West
SE Corner S.12-T14S-R03W	5000	5000						
MW9	10194.41	582.37	5194.41	4417.63	1218.42	1217.97	38.85592	97.60931
MW10	10334.44	788.62	5334.44	4211.38	1217.94	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