

# WATER WELL RECORD Form WWC-5

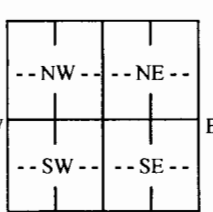
☐ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

Well ID MW-1

<b>1 LOCATION OF WATER WELL:</b> County: <b>SALINE</b>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ NW $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number <b>12</b>	Township Number <b>T 14 S</b>	Range Number <b>R 3</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
---	---	-----------------------------	----------------------------------	---

<b>2 WELL OWNER:</b> Last Name: <b>CHOPP</b> Business: <b>MARION L CHOPP TRUST</b> Address: <b>P.O. BOX 167</b> City: <b>SALINA</b> State: <b>KS</b> ZIP: <b>67402-0167</b>	First: <b>MARION</b>	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> <b>616 E. NORTH STREET SALINA KS 67401</b>
--	----------------------	---

<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  S W E [-----1 mile-----]	<b>4 DEPTH OF COMPLETED WELL:</b> ..... <b>45</b> ..... ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... <b>32.1</b> ..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <b>01/9/19</b> <input type="checkbox"/> above land surface, measured on (mo-day-yr) ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Well water was ..... ft. after ..... hours pumping ..... gpm Estimated Yield: ..... gpm Bore Hole Diameter: ..... <b>4</b> ..... in. to ..... <b>20</b> ..... ft. and ..... <b>3.25</b> ..... in. to ..... <b>45</b> ..... ft.	<b>5 Latitude:</b> ..... <b>38.848741</b> ..... (decimal degrees) <b>Longitude:</b> ..... <b>97.602095</b> ..... (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: .....) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....
		<b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....

<b>7 WELL WATER TO BE USED AS:</b>		
1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input checked="" type="checkbox"/> Monitoring: well ID <b>MW-1</b> 9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection
		10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): .....

**Was a chemical/bacteriological sample submitted to KDHE?** ☐ Yes ☒ No If yes, date sample was submitted: .....  
**Water well disinfected?** ☐ Yes ☒ No

**8 TYPE OF CASING USED:** ☐ Steel ☒ PVC ☐ Other ..... **CASING JOINTS:** ☐ Glued ☐ Clamped ☐ Welded ☒ Threaded  
Casing diameter ..... **1** ..... in. to ..... **45** ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface ..... **0** ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. **SCH 40**

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☒ PVC ☐ Other (Specify) .....  
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**  
☐ Continuous Slot ☒ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) .....  
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)

**SCREEN-PERFORATED INTERVALS:** From **35** ..... ft. to **45** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From **33** ..... ft. to **46** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☒ Other **CEMENTED FROM 0 TO 3 FT**  
Grout Intervals: From **3** ..... ft. to **33** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**Nearest source of possible contamination:**  
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage  
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well  
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well  
☐ Other (Specify) .....  
Direction from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	.5	FILL MATERIAL	33	34	SAND WITH LITTLE SILT, TAN
.5	2.5	SILT WITH CLAY, BROWN, MOIST	34	45	SAND WITH LITTLE FINE GRAVEL
2.5	16	SILT WITH LITTLE CLAY, BROWN			
16	21	SILT WITH VERY FINE SAND, TAN			
21	23.5	SAND WITH SOME SILT TAN			
23.5	24.5	SILT AND CLAY, BROWN			
24.5	28	SILT WITH LITTLE SAND, TAN	<b>Notes:</b>		
28	29	CLAY WITH SILT AND LITTLE SAND			
29	33	SILT AND SAND WITH LITTLE CLAY			

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) **01/8/2019** ..... and this record is true to the best of my knowledge and belief.  
Kansas Water Well Contractor's License No. **709** ..... This Water Well Record was completed on (mo-day-year) **01/10/2019** .....  
under the business name of **PLAINS ENVIRONMENTAL SERVICES, INC.** Signature .....

Saline

12-T14-R3W



Figure 1: 616 East North Street Site -- Monitor Well Locations

RECEIVED

FEB 05 2019

BUREAU OF WATER



Saline

12-T14-R3W

742 DUVALL AVE  
SALINA, KANSAS 67401  
www.kveng.com

TEL: 785-823-3400

**MOINTOR WELL REPORT**

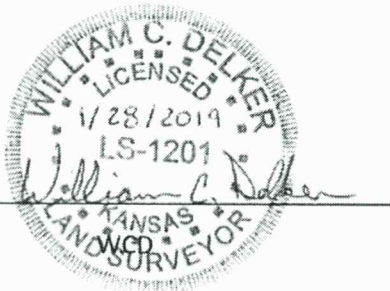
616 EAST NORTH STREET- SALINA, KANSAS

KVE PROJECT NUMBER E19S2213

MONITOR WELL NUMBER	COORDINATES		ELEVATIONS		DISTANCE FROM SE COR. S12-T14S-R3W	
	NORTHING	EASTING	TOP OF CASING	GROUND	NORTH	WEST
MW-1	187951.05	1425657.70	1222.47	1222.9	2582'	2315'
MW-2	187901.80	1425699.40	1222.50	1222.7	2532'	2273'
MW-3	187881.85	1425623.70	1222.21	1222.8	2513'	2349'
MW-4	187728.32	1425657.08	1221.75	1222.0	2359'	2316'
MW-5	187740.55	1425517.67	1221.55	1221.8	2371'	2455'
MW-6	187595.99	1425627.53	1222.62	1223.0	2227'	2345'

- (1) COORDINATES ARE TO THE NORTH SIDE OF CASING PIPE.  
COORDINATES ARE BASED ON KANSAS STATE PLANE NORTH, ZONE 1501, NAD 1983 U.S. SURVEY FEET.
- (2) ELEVATIONS ARE BASED ON NAVD 1988 U.S. SURVEY FEET.

CERTIFICATION: THIS SURVEY WAS PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION AND IS TRUE AND ACCURATE TO THE BEST OF MY BELIEF.



RECEIVED  
FEB 05 2019  
BUREAU OF WATER