

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b>		Fraction		Section Number	Township Number	Range Number																																																						
County: <b>McPherson</b>		<b>SW ¼ NW ¼ SW ¼</b>		<b>28</b>	<b>T 19 S</b>	<b>R 3 W</b>																																																						
Distance and direction from nearest town or city street address of well if located within city? <b>319 S. Main, McPherson KS</b>																																																												
<b>2 WATER WELL OWNER: Mac Pizza, LLC</b> RR#, St. Address, Box # : <b>1903 Lewis Ave.</b> City, State, ZIP Code : <b>Salina KS 67401</b>				<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)																																																								
				Latitude: <b>N 38.36654°</b>																																																								
				Longitude: <b>W 97.66649°</b>																																																								
				Elevation: <b>RIM: 1495.64; TOC: 1495.26</b>																																																								
Datum: <b>WGS84</b>			Data Collection Method: <b>legal survey</b>																																																									
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL 107.20 ft.</b>																																																										
<div style="text-align: center;"> </div>		<b>MW1</b>																																																										
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.																																																										
		WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr																																																										
		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) <b>(10) Monitoring well</b>																																																										
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr																																																												
Sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>																																																												
<b>5 TYPE OF CASING USED:</b>																																																												
1 Steel		3 RMP (SR)		5 Wrought Iron		8 Concrete tile																																																						
<b>(2) PVC</b>		4 ABS		6 Asbestos-Cement		9 Other (specify below)																																																						
		7 Fiberglass				CASING JOINTS: Glued _____ Clamped _____																																																						
						Welded _____																																																						
						Threaded <b>X</b>																																																						
Blank casing diameter <b>2</b> in. to <b>77.20</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																																												
Casing height below land surface <b>0.38</b> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____																																																												
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																												
1 Steel		3 Stainless steel		5 Fiberglass		<b>(7) PVC</b>																																																						
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)																																																						
						9 ABS																																																						
						10 Asbestos-Cement																																																						
						11 Other (specify) _____																																																						
						12 None used (open hole)																																																						
SCREEN OR PERFORATION OPENINGS ARE:																																																												
1 Continuous slot		<b>(3) Mill slot</b>		5 Gauze wrapped		7 Torch cut																																																						
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut																																																						
						9 Drilled holes																																																						
						11 None (open hole)																																																						
SCREEN-PERFORATED INTERVALS: From <b>77.20</b> ft. to <b>107.20</b> ft. From _____ ft. to _____ ft.																																																												
GRAVEL PACK INTERVALS: From <b>75</b> ft. to <b>107.61</b> ft. From _____ ft. to _____ ft.																																																												
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																												
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																												
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <b>(3) Bentonite</b> <b>(4) Other Concrete: 0-1</b>																																																												
Grout Intervals From <b>1</b> ft. to <b>75</b> 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																																																						
2 Sewer lines		5 Cess pool		8 Sewage lagoon		<b>(11) Fuel storage</b>																																																						
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage																																																						
						13 Insecticide Storage																																																						
						14 Abandoned water well																																																						
						15 Oil well/ gas well																																																						
						16 Other (specify below)																																																						
Direction from well? <b>Within the basin</b> How many feet? <b>Within the basin</b>																																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 40%;">LITHOLOGIC LOG</th> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 20%;">PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> <td>Concrete</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>13</td> <td>Medium to coarse tan clay w/ fill sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13</td> <td>20</td> <td>Fill sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>40</td> <td>Brown silty clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>40</td> <td>42</td> <td>Brown silty clay w/ caliche</td> <td></td> <td></td> <td></td> </tr> <tr> <td>42</td> <td>80</td> <td>Brown silty clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>80</td> <td>107.61</td> <td>Medium to coarse sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="text-align: center;">Flushmount waiver from BOW</td> </tr> </tbody> </table>							FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	1	Concrete				1	13	Medium to coarse tan clay w/ fill sand				13	20	Fill sand				20	40	Brown silty clay				40	42	Brown silty clay w/ caliche				42	80	Brown silty clay				80	107.61	Medium to coarse sand				Flushmount waiver from BOW					
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>(1) constructed, (2) reconstructed, or (3) plugged</b> under my jurisdiction and was completed on (mo/day/year) <b>9/24/13</b> and this record is true to the best of my knowledge and belief.																																																												
Kansas Water Well Contractor's License No. <b>757</b> This Water Well Record was completed on (mo/day/year) <b>10/28/13</b> under the business name of <b>Larsen &amp; Associates, Inc.</b> 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 <a href="http://www.kdheks.gov/waterwell">http://www.kdheks.gov/waterwell</a> .																																																												