

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <b>McPherson</b>	Fraction <b>SE ¼ NE ¼ SE ¼</b>	Section Number <b>29</b>	Township Number <b>T 19 S R 3 W</b>	Range Number <b>3 W</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>320 S Main St., McPherson KS</b>		<b>Global Positioning System</b> (decimal degrees, min. of 4 digits) Latitude: <b>N 38.36625°</b> Longitude: <b>W 97.66714°</b> Elevation: <b>RIM: 1494.60; TOC: 1494.18</b> Datum: <b>WGS84</b> Data Collection Method: <b>legal survey</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>3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL 106.89 ft.</b>
	Depth(s) Groundwater Encountered <b>1</b> ft. <b>2</b> ft. <b>3</b> ft. WELL'S STATIC WATER LEVEL <b>90.95</b> ft. below land surface measured on mo/day/yr <b>8/13/15</b> 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/yrs Sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>

<b>5 TYPE OF CASING USED:</b>	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	Welded _____
<b>2 PVC</b>	4 ABS	7 Fiberglass	Threaded <b>X</b>
Blank casing diameter <b>2</b> in. to <b>76.89</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			
Casing height below land surface <b>0.42</b> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____			
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>			
1 Steel	3 Stainless steel	5 Fiberglass	<b>7 PVC</b>
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)
9 ABS 11 Other (specify) _____			
10 Asbestos-Cement 12 None used (open hole) _____			
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>			
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) _____			
10 Other (specify) _____			
<b>SCREEN-PERFORATED INTERVALS:</b>			
From <b>76.89</b> ft.	to <b>106.89</b> ft.	From _____ ft.	to _____ ft.
From _____ ft.	to _____ ft.	From _____ ft.	to _____ ft.
<b>GRAVEL PACK INTERVALS:</b>			
From <b>70</b> ft.	to <b>107.28</b> ft.	From _____ ft.	to _____ ft.
From _____ ft.	to _____ ft.	From _____ ft.	to _____ ft.

<b>6 GROUT MATERIAL:</b>	1 Neat cement	2 Cement grout	3 Bentonite
Grout Intervals From <b>1</b> ft. to <b>70</b> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
<b>4 Other Concrete: 0-1</b>			
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	16 Other (specify below) _____
Direction from well? <b>NE</b>		How many feet? <b>~130'</b>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Concrete			
0.5	20	Dark brown sand and clay			
20	45	Tan sand and clay			
45	75	Gray silty clay with sand			
75	106	Gray sand			
106	107.28	Gray clay			

**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) **8/13/15** 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) **9/9/15** 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>.

# TRITERRA

## LAND SERVICES

*KBS Copy*

P.O. Box 546  
Clearwater, Kansas 67026  
Cell (316) 648-3617 Fax (620) 584-4371  
E-mail: triterrals@yahoo.com

### SURVEYING OF ADDITIONAL MONITORING WELLS LITTLE CAESARS McPHERSON, KANSAS

The above site is in Section 28, Township 19 South, Range 3 West of the Sixth Principal Meridian, McPherson County, Kansas. The Southeast corner of Section 28 was assigned coordinates of 00.00 North and 00.00 West.

The previously established control point was used for vertical control and is described as a chiseled 'X' on the concrete on the west side of the Little Caesars sign.

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

ID	NORTH	WEST	LATITUDE	LONGITUDE	ELEVATION
SE CORNER 28-19S-3W	00.00	00.00			
Control Point	1593.64	5233.18	38.36653	97.66676	1495.05
MW-6 SW SW NW SW	1502.98	4982.89	38.36628	97.66589	RIM 1494.01 TOC 1493.79
MW-7 (Sec 29) SE SE NE SE	1500.73	5337.30	38.36625	97.66714	RIM 1494.60 TOC 1494.18
MW-8 NW NW SW SW	1217.53	5100.42	38.36549	97.66629	RIM 1494.21 TOC 1493.91

