

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

Well ID

MW2

Original Record Correction Change in Well Ust

| | | |
|--|--|---|
| <p>1 LOCATION OF WATER WELL: County Barber Fraction NW ¼ NE ¼ SW ¼ NW ¼ Section Number 21 Township Number T 32 S Range Number R 10 <input type="checkbox"/> E <input checked="" type="checkbox"/> W</p> | <p>2 WELL OWNER: Last Name: Rucker First: M Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): 103 E. Washington St., Sharon KS Business: If at owner's address, check here: <input type="checkbox"/> Address: 1403 SE Cedar Hills Rd. Address: City Sharon State: KS ZIP: 67138</p> | <p>5 Latitude: 37.24960 (decimal degrees) Longitude: 98.41965 (decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input 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 checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper</p> |
| <p>3 LOCATE WELL WITH "X" IN SECTION BOX: N NW NE x W E SW SE S 1 mile</p> | <p>4 DEPTH OF COMPLETED WELL: 14.98 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 5.77 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 12/30/15 <input type="checkbox"/> above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was _____ ft after _____ hours pumping _____ gpm Water well was _____ ft after _____ hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: 7.25 in to _____ ft, and _____ in to _____ ft</p> | <p>6 Elevation: 99.85 ft <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC Source: <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____</p> |

7 WELL WATER TO BE USED AS:

| | | |
|--|---|---|
| <p>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</p> | <p>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 MW2 9 Environmental Remediation: well ID <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extractor <input type="checkbox"/> Recovery <input type="checkbox"/> Injection</p> | <p>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 <input type="checkbox"/> Other (specify): _____</p> |
|--|---|---|

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 2 in. to 4.98 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft,
Casing height above land surface -0.33 in. Weight _____ lbs./ft. Well thickness or gauge No _____
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 4.98 ft. to 14.98 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,
GRAVEL PACK INTERVALS: From 3 ft. to 15.5 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Concrete: 0-0.5'
Grout intervals: From 0.5 ft. to 3 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,

Nearest source of possible contamination:

| | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Lateral Lines | <input type="checkbox"/> Pit Privy | <input type="checkbox"/> Livestock Pens | <input type="checkbox"/> Insecticide Storage |
| <input type="checkbox"/> Sewer Lines | <input type="checkbox"/> Cess Pool | <input type="checkbox"/> Sewage Lagoon | <input checked="" type="checkbox"/> Fuel Storage | <input type="checkbox"/> Abandoned Water Well |
| <input type="checkbox"/> Watertight Sewer Lines | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Fertilizer Storage | <input type="checkbox"/> Oil Well / Gas Well |
| <input type="checkbox"/> Other (Specify) _____ | | | | |

Direction from well? S Distance from well? ~40 ft

| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------|------|-------------------------|------|----|--|
| 0 | 1 | Red brown silty clay | | | |
| 1 | 2 | Brown sand | | | |
| 2 | 7 | Brown silty clay | | | |
| 7 | 10 | Medium brown silty sand | | | |
| 10 | 15.5 | Red brown silty clay | | | |

Notes: KDHE ID: Service Station; U1-004-14640

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) 12/29/15 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) 3/7/16 under the business name of Larsen & Associates, Inc. Signature _____

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWIS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone: 785-296-5524.

TRITERRA

LAND SERVICES

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**SURVEYING OF MONITORING WELLS
 SERVICE STATION
 SHARON, KANSAS**

The above site is in Section 21, Township 32 South, Range 10 West of the Sixth Principal Meridian, Barber County, Kansas. The Southeast corner of Section 21 was assigned coordinates of 00.00 North and 00.00 West.

A BM for vertical control was not available, therefore a control point was established with an assigned value of 100.00' MSL. It is described as a chiseled 'X' on the old elevated sign base located west of the SW corner of the building.

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

| ID | NORTH | WEST | LATITUDE | LONGITUDE | ELEVATION |
|-------------------------|---------|---------|----------|-----------|-------------------------|
| SE CORNER 21-32S-10W | 00.00 | 00.00 | | | |
| Control Point | 3843.32 | 4674.08 | 37.24953 | 98.42009 | 100.00 |
| MW-1 NE NW SW NW | 3795.19 | 4628.55 | 37.24938 | 98.41991 | RIM 99.61 TOC 99.29 |
| MW-2 NW NE SW NW | 3867.33 | 4546.45 | 37.24960 | 98.41965 | RIM 100.18 TOC 99.85 |
| MW-3 NW NE SW NW | 3808.32 | 4553.85 | 37.24940 | 98.41965 | RIM 99.66 TOC 99.08 |
| MW-4 NE NW SW NW | 3860.80 | 4695.67 | 37.24957 | 98.42017 | RIM 99.57 TOC 99.04 |
| MW-5 NW NE SW NW | 3725.02 | 4599.85 | 37.24921 | 98.41985 | RIM 98.55 TOC 98.09 |
| MW-6 NW NE SW NW | 3762.45 | 4444.44 | 37.24931 | 98.41931 | RIM 99.20 TOC 98.72 |
| MW-7 NW NE SW NW | 3686.80 | 4492.51 | 37.24908 | 98.41948 | RIM 98.77 TOC 98.37 |
| MW-8 NW NE SW NW | 3763.36 | 4321.96 | 37.24931 | 98.41889 | RIM 99.78 TOC 99.18 |
| MW-9 NW NE SW NW | 3901.19 | 4347.42 | 37.24968 | 98.41898 | RIM 99.96 TOC 99.56 |

