

WATER WELL RECORD**Form WWC-5**

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>	Fraction <u>NE ¼ NE ¼ NW ¼</u>	Section Number <u>26</u>	Township Number <u>T 29 S</u>	Range Number <u>R 2 W</u>
	Distance and direction from nearest town or city street address of well if located within city? <u>117 W. Ross, Clearwater KS</u>		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>N 37.50416°</u> Longitude: <u>W 97.50655°</u> Elevation: <u>RIM: 1279.03; TOC: 1278.69</u> Datum: <u>WGS84</u> Data Collection Method: <u>legal survey</u>	
2 WATER WELL OWNER: KDHE RR#, St. Address, Box # : <u>1000 Jackson Blvd</u> City, State, ZIP Code : <u>Topeka KS 66612</u>				

3 LOCATE WELL'S LOCATOR WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>30.06</u> ft.
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>20.60</u> ft. below land surface measured on mo/day/yr <u>4/23/14</u> 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:	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
2 PVC	4 ABS	7 Fiberglass	Welded _____
Blank casing diameter <u>2</u> in. to <u>15.06</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			Threaded X
Casing height below land surface <u>0.34</u> ft., Weight _____ lbs./ft.			Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	7 PVC
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)
SCREEN OR PERFORATION OPENINGS ARE:		9 ABS	11 Other (specify) _____
1 Continuous slot	3 Mill slot	5 Gauze wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut
SCREEN-PERFORATED INTERVALS:		9 Drilled holes	11 None (open hole)
	From <u>15.06</u> ft. to <u>30.06</u> ft.	10 Other (specify) _____	
GRAVEL PACK INTERVALS:			
	From <u>13</u> ft. to <u>30.48</u> ft.		

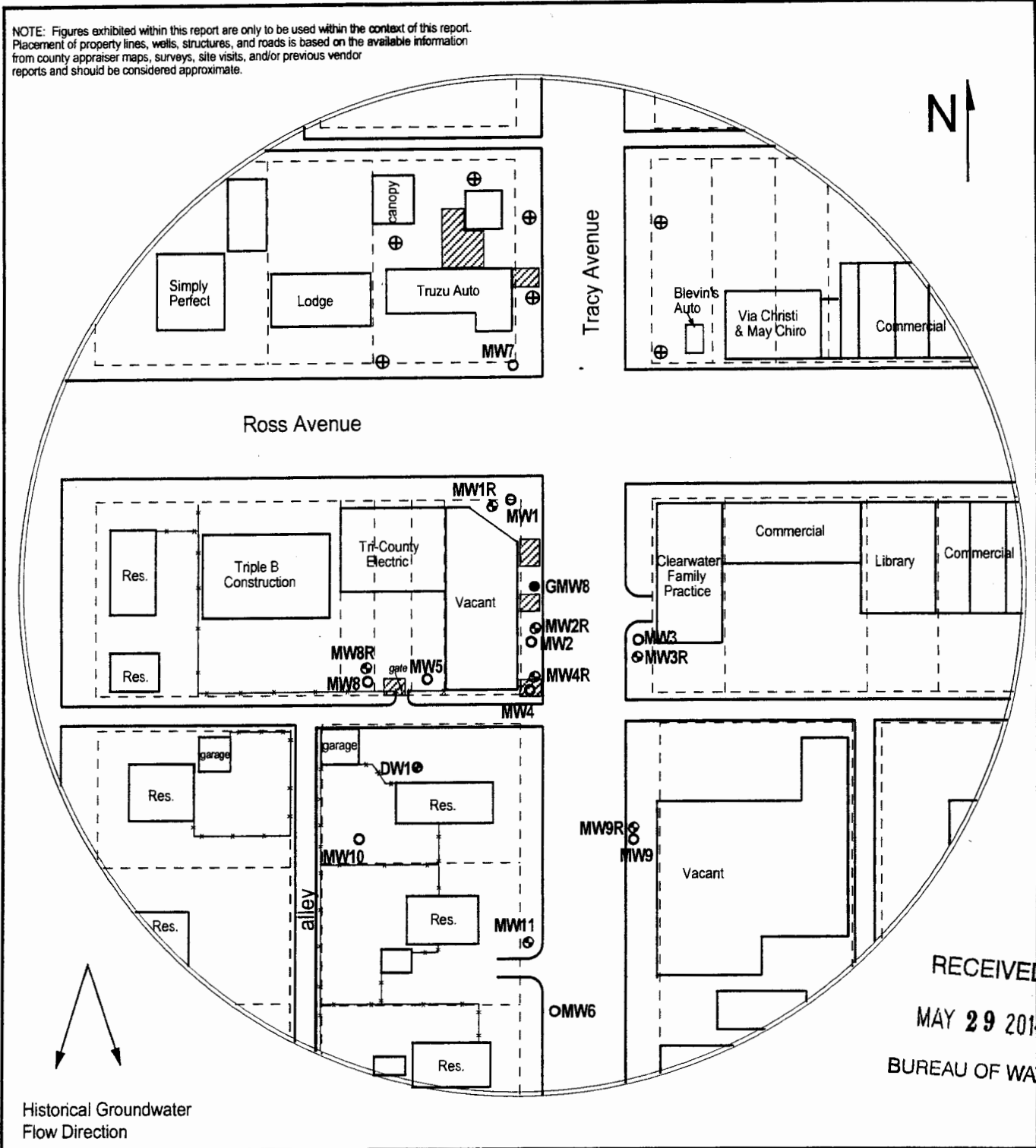
6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other Concrete: 0-1'
Grout Intervals	From <u>1</u> ft. to <u>13</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
What is the nearest source of possible contamination:				
1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	13 Insecticide Storage
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? <u>SE</u>		How many feet? <u>~15'</u>		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>10</u>	Gravel on top; Brown silty clay			
<u>10</u>	<u>18</u>	Brown medium sandy clay			
<u>18</u>	<u>30.48</u>	Medium sand			
					Flushmount waiver from BOW

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) 4/22/14 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) 4/28/14 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>.

NOTE: Figures exhibited within this report are only to be used within the context of this report. Placement of property lines, wells, structures, and roads is based on the available information from county appraiser maps, surveys, site visits, and/or previous vendor reports and should be considered approximate.



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BUREAU OF WATER

FIGURE 1 - 350 FT SITE BASE MAP



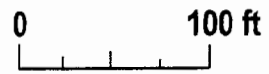
PROJECT:
Seward Estate
101 W. Ross
Clearwater, KS
KDHE ID: U2-087-13479
Date: 4/23/14

LEGEND:

- Approximate Location of UST Basins
- Monitoring Well
- Gary's Auto Monitoring Well
- Domestic Well
- Plugged/Destroyed Monitoring Well
- Monitoring Well (Installed 4/22-23/14)
- Approximate Location of Property Line

NOTE: Location of product lines is unknown.

1311 E 25th St., Suite B (785) 841-8707 office
Lawrence, KS 66046 (785) 865-4282 fax



TRITERRA LAND SERVICES

P.O. Box 546
Clearwater, Kansas 67026
Office (620) 584-2313 Cell (316) 648-3617
Fax (620) 584-4371
e-mail: watfam@sktc.net

SURVEYING FOR MONITORING WELLS SEWARD ESTATE CLEARWATER, KANSAS

The above site is in Section 26, Township 29 South, Range 2 West of the Sixth Principal Meridian, Sedgwick County, Kansas. The Southeast corner of Section 26 was assigned coordinates of 00.00 North and 00.00 West.

The vertical control was the previously established control point described as the 'M' in Mueller on top of the fire hydrant at the northeast corner of the site. Elevation is 1280.13' MSL. A new control point was established as a chiseled 'X' on the southwest corner of the concrete pad beneath the street sign on the northeast corner of the site.

The Latitude and Longitude were scaled from a 7.5' quad map titled "Clearwater".

ID	NORTH	WEST	LATITUDE	LONGITUDE	ELEVATION
SE CORNER 26-29S-2W	00.00	00.00			
Control Point	5242.69	2630.88	37.50454	97.50616	1278.73
MW-1R NE NE NE NW	5237.70	2642.01	37.50453	97.50620	RIM 1278.35 TOC 1278.13
MW-2R NW NW NW NE	5141.33	2634.55	37.50426	97.50616	RIM 1279.99 TOC 1279.65
MW-3R NW NW NW NE	5133.87	2556.62	37.50423	97.50591	RIM 1279.84 TOC 1279.63
MW-4R NW NW NW NE	5098.12	2634.63	37.50417	97.50616	RIM 1279.40 TOC 1279.00
MW-8R NE NE NE NW	5106.74	2742.81	37.50416	97.50655	RIM 1279.03 TOC 1278.69
MW-9R NW NW NW NE	4991.75	2557.66	37.50385	97.50587	RIM 1279.22 TOC 1278.88
MW-11 SW NW NW NE	4926.13	2630.01	37.50369	97.50616	RIM 1280.68 TOC 1280.34



State of Kansas

KDHE/BER Well Tag Form

Seward Estate

KDHE Project Code:

U	2	0	8	7	1	3	4	7	9
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Well Tag Number	Well Number
0050134	MW1R
0050131	MW2R
0050129	MW3R
0050130	MW4R
0050133	MW8R
0050135	MW9R
0050132	MW11

After completing this form, photocopy it and keep the copy for your files.
 Send the original to the address below.

Kansas Department of Health & Environment
 Bureau of Environmental Remediation
 1000 SW Jackson, Suite 410
 Topeka, KS 66612-1367