

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

Well ID

MW10

Original Record Correction Change in Well Ust

1 LOCATION OF WATER WELL: County Barber Fraction NE 1/4 NW 1/4 SW 1/4 NW 1/4 Section Number 21 Township Number T 32 S Range Number R 10 E X W
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): If at owner's address, check here: SW corner of Washington Ave and Broadway St, Sharon, KS
3 LOCATE WELL WITH "X" IN SECTION BOX: [Diagram showing section box with 'X' in NW corner]
4 DEPTH OF COMPLETED WELL: 15.5 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) [] Dry Well WELLS STATIC WATER LEVEL: 6.28 ft. [X] below land surface, measured on (mo-day-yr) 9/23/16 [] 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
5 Latitude: 37.24920 (decimal degrees) Longitude 98.42044 (decimal degrees) Horizontal Datum: [X] WGS 84 [] NAD 83 [] NAD 27 Source for Latitude/Longitude: [] GPS (unit make/model: _____) (WAAS enabled? [] Yes [] No) [X] Land Survey [] Topographic Map [] Online Mapper
6 Elevation 99.91 ft [] Ground Level [X] TOC Source: [X] Land Survey [] GPS [] Topographic Map [] Other _____

7 WELL WATER TO BE USED AS:
1 Domestic: [] Household [] Lawn & Garden [] Livestock [] Irrigation [] Feedlot [] Industrial
2 Public Water Supply: well ID _____
3 Dewatering: how many wells? _____
4 Aquifer Recharge: well ID _____
5 Monitoring: well ID MW10
6 Environmental Remediation: well ID _____
7 Air Sparge [] Soil Vapor Extractor [] Recovery [] Injection
8 Oil Field Water Supply: lease _____
9 Test Hole: well ID _____ Cased [] Uncased [] Geotechnical
10 Geothermal: How many bores? _____ a) Closed Loop [] Horizontal [] Vertical b) Open Loop [] Surface Discharge [] Inj. of Water [] Other (specify): _____

Was a chemical/bacteriological sample submitted to KDHE? [] Yes [X] No If yes, date sample was submitted: _____
Water well disinfected? [] Yes [X] No

8 TYPE OF CASING USED: [] Steel [X] PVC [] Other _____ CASING JOINTS: [] Glued [] Clamped [] Welded [X] Threaded
Casing diameter 2 in. to 5.5 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft,
Casing height above land surface -0.45 in. Weight _____ lbs./ft. Well thickness or gauge No _____
TYPE OF SCREEN OR PERFORATION MATERIAL: [] Steel [] Stainless Steel [] Fiberglass [X] PVC [] Other (Specify) _____
[] Brass [] Galvanized Steel [] Concrete tile [] None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: [] Continuous Slot [X] 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 5.5 ft. to 15.5 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 [X] Bentonite [X] 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:
[] Septic Tank [] Lateral Lines [] Pit Privy [] Livestock Pens [] Insecticide Storage
[] Sewer Lines [] Cess Pool [] Sewage Lagoon [X] Fuel Storage [] Abandoned Water Well
[] Watertight Sewer Lines [] Seepage Pit [] Feedyard [] Fertilizer Storage [] Oil Well / Gas Well
[] Other (Specify) _____
Direction from well? W Distance from well? ~70 ft

Table with 6 columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Rows include: 0-0.3 Topsoil with gravel, 0.3-2 Red sandy clay, 2-5 Dark red clayey sand, 5-8 Red clayey silt, 8-15.5 Red sand.

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

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was [X] constructed, [] reconstructed, [] plugged under my jurisdiction and was completed on (mo-day-year) 9/23/16 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) 10/17/16 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, GWTS 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

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

SURVEYING OF ADDITIONAL MONITORING WELL 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 was not available for the first survey, so a control point was established with an assigned value of 100.00' MSL. This survey utilized that control point for vertical control. 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-10 NE NW SW NW	3721.14	4778.63	37.24920	98.42044	RIM 100.36 TOC 99.91



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BUREAU OF WATER