

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Sumner	Fraction SE ¼ SE ¼ SE ¼	Section Number 18	Township Number T 32 S	Range Number R 3 W
Distance and direction from nearest town or city street address of well if located within city? NW corner of Main St. & Monroe St.		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N 37.25682° Longitude: W 97.67419° Elevation: RIM: 1223.56; TOC: 1223.17 Datum: WGS84 Data Collection Method: legal survey		

2 WATER WELL OWNER: KDHE
RR#, St. Address, Box # : **1000 SW Jackson Blvd.**
City, State, ZIP Code : **Topeka, KS 66612**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

NW	NE
SW	SE

S

X

4 DEPTH OF COMPLETED WELL 34.90 ft.

MW4

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **25.34** ft. below land surface measured on mo/day/yr **5/7/15**

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:

1 Steel	3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below) _____	Welded _____
		7 Fiberglass		Threaded X

Blank casing diameter **2** in. to **19.90** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height below land surface **0.39** ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	9 ABS	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauze wrapped	7 Torch cut	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From **19.90** ft. to **34.90** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **18** ft. to **35.30** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** **4 Other Concrete: 0-1'**

Grout Intervals From **1** ft. to **18** 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	16 Other (specify below)
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? **SW** How many feet? **~70'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	9	Grass on top; brown silty clay			
9	20	Brown medium sandy clay			
20	30	Brown silty clay			
30	35.3	Medium gray sandy 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) **5/5/15** 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) **5/21/15** 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

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

**SURVEYING OF MONITORING WELLS
 ABANDONED TANK/FORMER STATION
 MILAN, KANSAS**

The above site, Abandoned Tank, is in Section 18, Township 32 South, Range 3 West of the Sixth Principal Meridian, Sumner County, Kansas. The Southeast corner of Section 18 was assigned coordinates of 00.00 North and 00.00 West.

The vertical control was an NGS benchmark (A 314 1956) described as a disk set vertically in the north brick wall of the school building, 2.1 feet west of the northeast corner and 2.8 feet above the ground. Elevation: 1224.68 feet. A control point was set as a chiseled 'X' at the southeast corner of the building on the Abandoned Tank site.

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

ID	NORTH	WEST	LATITUDE	LONGITUDE	ELEVATION
SE CORNER 18-32S-3W	00.00	00.00			
Control Point	70.66	59.33	37.25666	97.67429	1224.10
MW-1 SE SE SE SE	55.68	57.43	37.25663	97.67426	RIM 1223.91 TOC 1223.60
MW-2 SE SE SE SE	37.79	115.87	37.25657	97.67445	RIM 1223.77 TOC 1223.55
MW-3 SE SE SE SE	44.30	15.67	37.25658	97.67410	RIM 1223.96 TOC 1223.62
MW-4 SE SE SE SE	132.92	37.05	37.25682	97.67419	RIM 1223.56 TOC 1223.17
MW-5(Sec 19) NE NE NE NE	-68.94	42.80	37.25627	97.67420	RIM 1223.88 TOC 1223.42
MW-6(Sec 19) NE NE NE NE	-36.80	98.50	37.25636	97.67437	RIM 1223.84 TOC 1223.31
MW-7(Sec 20) NW NW NW NW	-78.36	-40.59	37.25624	97.67392	RIM 1224.11 TOC 1223.83
MW-8(Sec 19) NE NE NE NE	-109.41	114.23	37.25616	97.67444	RIM 1223.78 TOC 1223.28
MW-9(Sec 19) NE NE NE NE	-117.14	24.47	37.25615	97.67412	RIM 1223.25 TOC 1222.89



RECEIVED
JUN 01 2015
BUREAU OF WATER