

**WATER WELL RECORD**

**Form WWC-5**

Division of Water  
Resources App. No.

Well ID

**MW16**

Original Record     Correction     Change in Well Use

<p><b>1 LOCATION OF WATER WELL:</b> County Harper    Fraction SW ¼ NW ¼ NE ¼ NE ¼    Section Number 30    Township Number T 32 S    Range Number R 8 E <input checked="" type="checkbox"/> W</p>	<p><b>2 WELL OWNER: Last Name:</b> First:    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: <input type="checkbox"/> Business: Wright Oil Inc (J.G Wright)    333 S Main, Attica, KS 67009 Address: PO Box 367 Address: KS 67104 City Medicine Lodge    State: KS    ZIP: 67104</p>	<p><b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b></p> <div style="text-align: center;"> </div>	<p><b>4 DEPTH OF COMPLETED WELL:</b> 20 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) <input type="checkbox"/> Dry Well <b>WELL'S STATIC WATER LEVEL:</b> 11 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 7/19/16 <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><b>5 Latitude:</b> 37.23789 (decimal degrees) <b>Longitude:</b> 98.22473 (decimal degrees) <b>Horizontal Datum:</b> <input checked="" type="checkbox"/> WGS 84    <input type="checkbox"/> NAD 83    <input type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <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><b>6 Elevation:</b> 1451.18 ft    <input type="checkbox"/> Ground Level    <input checked="" type="checkbox"/> TOC <b>Source:</b> <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 &amp; Garden    <input type="checkbox"/> Livestock    <input type="checkbox"/> Irrigation    <input type="checkbox"/> Feedlot    <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 <b>MW16</b> 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>
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**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 10 ft, Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft, Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft,  
Casing height above land surface -0.41 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 10 ft. to 20 ft, From \_\_\_\_\_ ft. to \_\_\_\_\_ ft, From \_\_\_\_\_ ft. to \_\_\_\_\_ ft,  
**GRAVEL PACK INTERVALS:** From 8 ft. to 20.5 ft, From \_\_\_\_\_ ft. to \_\_\_\_\_ ft, From \_\_\_\_\_ ft. to \_\_\_\_\_ ft,

**9 GROUT MATERIAL:**  Neat cement     Cement grout     Bentonite     Other Concrete: 0-0.7'  
Grout intervals: From 0.7 ft. to 8 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? NW    Distance from well? ~480 ft

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	0.5	Gravel			
0.5	3	Silty clay			
3	6.5	Silty clay with sand			
6.5	10	Mostly sand with clayey sand fingers. coarse grained			
10	17	Sand, coarse grained			
17	20.5	Sand with silty clay			
Notes: KDHE ID: Wright-Price #1; U2-039-13994					

**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) 7/19/16 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) 8/2/16 under the business name of Larsen & Associates, Inc.    Signature \_\_\_\_\_

# 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 REPLACEMENT AND ADDITIONAL MONITORING WELL (7-27-16)  
WRIGHT-PRICE #1  
ATTICA, KANSAS

The above site is in Section 30, Township 32 South, Range 8 West of the Sixth Principal Meridian, Harper County, Kansas. The Southeast corner of Section 30 was assigned coordinates of 00.00 North and 00.00 West.

The vertical control for the survey was the control point established during a previous survey. It is a chiseled 'X' on the elevated concrete pedestal located north of the pump island.

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

ID	NORTH	WEST	LATITUDE	LONGITUDE	ELEVATION
SE CORNER 30-32S-8W	00.00	00.00			
Control Point	5178.47	1487.45	37.23913	98.22561	1455.57
MW-15R SE NE NW NE	4739.18	1425.25	37.23792	98.22546	RIM 1452.07 TOC 1451.64
MW-16 SW NW NE NE	4731.47	1212.59	37.23789	98.22473	RIM 1451.59 TOC 1451.18



RECEIVED  
SEP 19 2016  
BUREAU OF WATER