

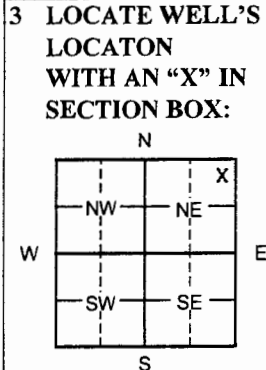
WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:	Fraction County: Decatur NE ¼ NE ¼ NE ¼	Section Number 2	Township Number T 3S S R	Range Number 29 W
Distance and direction from nearest town or city street address of well if located within city? 504 W. Frontier Parkway, Oberlin, KS		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N 39.82719° Longitude: W 100.53454° Elevation: RIM: 2641.75; TOC: 2641.45 Datum: WGS84 Data Collection Method: legal survey		

2 WATER WELL OWNER: Kathka, Elmer
RR#, St. Address, Box # : **712 E. Commercial St.**
City, State, ZIP Code : **Oberlin, KS 67749**



4 DEPTH OF COMPLETED WELL 107.75 ft.

MW11

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

WELL'S STATIC WATER LEVEL **88.13** ft. below land surface measured on mo/day/yr **7/7/15**

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)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	

CASING JOINTS: Glued _____ Clamped _____
Welded _____ Threaded **X**

Blank casing diameter **2** in. to **77.75** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height below land surface **0.30** 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 **77.75** ft. to **107.75** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **65** ft. to **108.1** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ 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 **65** 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? **S** How many feet? **~20'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	75	Silty clay			
75	80	Clayey silt			
80	97	Clay, sand, and gravel			
97	100	Sand, gravel, silt, and clay			
100	108.1	Sand with gravel			

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) **6/8/15** 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) **8/4/15** 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 ADDITIONAL MONITORING WELLS
FIFTH WHEEL, INC.
OBERLIN, KANSAS

The above site is in Section 2, Township 3 South, Range 29 West of the Sixth Principal Meridian, Decatur County, Kansas. The Northeast corner of Section 2 was assigned coordinates of 5280.00 North and 00.00 West.

The vertical control was the top of casing elevations established during a previous survey. A control point was established as a chiseled 'X' on the sidewalk at the southwest corner of the building, at the southwest corner of the fenced trash area.

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

ID	NORTH	WEST	LATITUDE	LONGITUDE	ELEVATION
SE Corner Sec 2-T3S-R29W	00.00	00.00			
CP	5024.41	162.97	39.82740	100.53484	2646.10
MW-10 NW NE NE NE	5180.49	381.56	39.82786	100.53564	RIM 2643.61 TOC 2643.20
MW-11 SE NE NE NE	4940.71	74.40	39.82719	100.53454	RIM 2641.75 TOC 2641.45



State of Kansas
KDHE/BER Well Tag Form

Fifth Wheel, Inc.

KDHE Project Code:

U	6	0	2	0	0	0	4	6	7
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Well Tag Number	Well Number
0051562	MW10
0051563	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