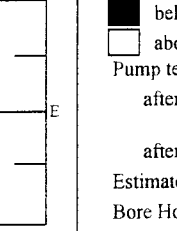


Form WWC-5

Division of Water
Resources App. No.

Well ID

MW1

1 LOCATION OF WATER WELL: County Republic Fraction SW ¼ NE ¼ NW ¼ SE ¼ 	Section Number 2 Township Number T 3 S Range Number R 3 E X W																																																																												
2 WELL OWNER: Last Name: First: Business: Kansas Department of Health and Environment Address: 1000 SW Jackson, Suite 410 City Topeka State KS ZIP: 66612		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"/> 1511 M St, Belleville, KS																																																																											
3 LOCATE WELL WITH "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: 20 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) <input checked="" type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 9.87 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 9/11/15 <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																																																																												
	5 Latitude: 39.82574 (decimal degrees) Longitude: 97.63087 (decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <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																																																																												
	6 Elevation: 1540.73 ft <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC Source: <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____																																																																												
7 WELL WATER TO BE USED AS: <table style="width: 100%;"> <tr> <td style="width: 33%;"> 1 Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial </td> <td style="width: 33%;"> 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 MW1 9 Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extractor <input type="checkbox"/> Recovery <input type="checkbox"/> Injection </td> <td style="width: 33%;"> 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): _____ </td> </tr> </table>			1 Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial	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 MW1 9 Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extractor <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	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): _____																																																																								
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Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: _____ Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																													
8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter 2 in. to 5 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft, Casing height above land surface 0.50 in. Weight _____ lbs./ft. Well thickness or gauge No _____ TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) SCREEN-PERFORATED INTERVALS: From 5 ft. to 20 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft, GRAVEL PACK INTERVALS: From 3 ft. to 21 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft.																																																																													
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Concrete: 0-1ft Grout intervals: From 1 ft. to 3 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft.																																																																													
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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) 9/9/15 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) 11/4/15 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.

Visit us at <http://www.kdheks.gov/waterwell/index.html> KSA 82a-1212 Revised 7/10/2015

Revised

TRITERRA

LAND SERVICES

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

SURVEYING OF MONITORING WELLS SWIERCINSKY BROTHERS (FORMER) BELLEVILLE, KANSAS

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

The top of casing elevation from MW-10 of an adjacent site, Double Circle Farm Supply, was used for vertical control. A Control Point was established as a chiseled 'X' on the end of the sidewalk at the northwest corner of the site.

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

ID	NORTH	WEST	LATITUDE	LONGITUDE	ELEVATION
SE CORNER 2-3S-3W	00.00	00.00			
Control Point	4830.74	4617.79	39.82605	97.63091	1540.31
MW-1 SW NE NW NW	4724.97	4612.96	39.82574	97.63087	RIM 1541.23 TOC 1540.73
MW-2 SE NW NW NW	4809.71	4623.08	39.82597	97.63091	RIM 1540.48 TOC 1540.01
MW-3 SE NW NW NW	4712.50	4741.97	39.82571	97.63132	RIM 1540.82 TOC 1540.61
MW-4 SE NW NW NW	4648.78	4630.60	39.82554	97.63097	RIM 1541.70 TOC 1541.48
MW-5 SE NW NW NW	4834.78	4741.66	39.82603	97.63132	RIM 1540.22 TOC 1539.77
MW-6 SE NW NW NW	4889.74	4621.56	39.82617	97.63091	RIM 1539.78 TOC 1539.45
MW-7 SW NE NW NW	4853.05	4493.33	39.82608	97.63046	RIM 1541.22 TOC 1540.80
MW-8 SE NW NW NW	4648.22	4706.59	39.82552	97.63120	RIM 1542.93 TOC 1542.54
MW-9 SE NW NW NW	4907.72	4771.67	39.82626	97.63143	RIM 1539.33 TOC 1538.62

