$\frac{1}{4}$

WELL ID

KOLAR DOCID

WATER WELL RECORD (WWC-5)

From ft. to ft.

Original Record Correction Change in Well Use LOCATION OF WATER WELL E W Fraction Latitude Longitude Section Township Range Datum Elevation County WATER WELL OWNER **WELL WATER USE NEAREST SOURCE OF POTENTIAL CONTAMINATION** Source: Name Direction Distance Business COMPLETION from well: from well: Depth of completed well: ft. Source Address description: Depth(s) groundwater encountered: ft.; (2) Source: Well location dry well Distance Direction from well: from well: Static water level in well: ft. at owner's Source address measured below land surface description: on (mm/dd/yy): No potential source of contamination CONSTRUCTION measured above land surface within 100 feet. on (mm/dd/yy): Borehole interval: Borehole diameter: PERMIT & ID NUMBERS (AS REQUIRED) to from in. gpm Estimated yield: DWR Application No.:_ ft. from to in. Water level was: _ ft. after hours KDHE / EPA Project Code: pumping _ gpm Casing height above land surface: in. Site Name: Pump installed? No If casing height is less than 12 in. has a variance been approved?* KDHE UIC Class V Form Completed: Yes No No Yes Water well disinfected? Yes No *variance not required for monitoring County Permit: Yes No Permit ID: or environmental remediation wells Date disinfected (mm/dd/yy): Lease Name & Well #: Casing type: # of boreholes: ____ # of dewatering wells: _ Aquifer, if known: Blank casing interval: ft. to Blank casing diameter: in. LITHOLOGIC LOG Casing joints:_ FROM LITHOLOGY INTERVALS __lbs/ft. Weight: Wall thickness or gauge no.: ___ Blank casing interval: ft. to Blank casing diameter: in. Casing joints: Weight: lbs/ft. Wall thickness or gauge no.: ft. to Grout interval: Grout material: ft. to ft. Grout interval: COMMENTS Grout material: Screen / perforation material: Screen / perforation openings: CONTRACTOR'S OR LANDOWNERS CERTIFICATION Screen / perforation intervals: This water well was constructed reconstructed pursuant to the stated water well ft. to ft. contractor's license and was completed on ____ _. I certify that this record is true to Slot size ____ unit __ the best of my knowledge and belief. This water well record was completed on From ft. to ft. under the business name of _ Slot size unit Kansas Water Well Contractor's License No. ___ under the authority of the designated Gravel pack intervals: person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the Gravel pack not used: Gravel size _____in designated person at its submittal: From ft. to ft. Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Gravel pack not used: Gravel size in

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367 (785) 296-3565 | K.S.A. 82a-1212 | v2022c

Division of Environment Curtis State Office Building 1000 SW Jackson St., Suite 400 Topeka, KS 66612-1367



Phone: 785-296-1535 Fax: 785-559-4264 www.kdheks.gov

Janet Stanek, Secretary

Laura Kelly, Governor

May 11, 2022

Natalie Burris, P.G. GSI Engineering, LLC 4503 E. 47th St. South Wichita, KS 67210

Subject: Waiver Request for Direct-Push Monitoring Well at the Lloyd's Cleaners Site, 1539 E. Central Ave.,

Wichita, SG County, Kansas, NE, NW, NE, NE, Sec 21, T. 27S, R.1E. Project Code: C2-087-73315.

Dear Ms. Burris,

On May 9th, the Kansas Department of Health and Environment, Bureau of Water, Geology & Well Technology Unit (KDHE), received a request for waiver to install one direct-push, pre-packed monitoring well (LCMW-02), at-grade at the above referenced site by Kansas licensed water well contractor, GSI Engineering (Lic. #531) as part of an investigation for the KDHE Bureau of Environmental Remediation. Additional information was provided by email today.

The proposed well will be installed using Geoprobe direct-push technology where the borehole (3.5 inch) will not be the required three-inch diameter larger than the outside diameter of the well casing (1.5 inch), due to limited area for placement and overhead power lines, thus necessitating this request. Flush-mount completion of the well is due to the proposed high-traffic location. Waiver request materials included a figure confirming the proposed well location.

KDHE has reviewed the waiver request materials, with this letter provides notice of approval for completion of one direct-push, flush-mount monitoring well (LCMW-02) at the above referenced site.

As required in KDHE's Procedure *WWP-5 – Procedure for Requesting a Waiver to Allow Installation of a Flush-Mount Monitoring Well*, the location, well number, and latitude/longitude coordinates and associated horizontal datum must be shown in a scaled map and provided to KDHE along with the water well record (WWC-5 Form) for this well in accordance with Article 30 - K.A.R. 28-30-6(s). Please plan to attach such a map with the WWC-5 form. Flush-mount well completion must be in accordance with the *KDHE Flush-Mount Well Construction Detail* dated January 2018.

Please contact me at 785-296-3565 (o), 785-224-5259 (c), or Pam.Chaffee@ks.gov if you have questions.

Sincerely,

Pamela Chaffee, P.G.

Water Well Program Manager

Geology & Well Technology Unit/Bureau of Water

1000 SW Jackson St, Suite 420

Topeka, KS 66612-1367

Copy: File – BOW/GWTU – Sedgwick County

Sean Hammersburg, KDHE/BER/Assessment & Restoration (email)

