

**WATER WELL RECORD (WWC-5)**

KOLAR DOC ID \_\_\_\_\_ WELL ID \_\_\_\_\_

Original Record      Correction      Change in Well Use

**LOCATION OF WATER WELL**

Latitude		Longitude		Section		Township		Range		E W	Fraction	¼	¼	¼
Datum		Elevation		County										

**WATER WELL OWNER**

Name	
Business	
Address	
Well location at owner's address	

**WELL WATER USE**

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**COMPLETION**

Depth of completed well: _____ ft.
Depth(s) groundwater encountered:
(1) _____ ft.; (2) _____ ft.;
(3) _____ ft.; (4) dry well
Static water level in well: _____ ft.
measured below land surface
on (mm/dd/yy): _____
measured above land surface
on (mm/dd/yy): _____
Estimated yield: _____ gpm
Water level was: _____ ft. after _____ hours
pumping _____ gpm
Pump installed?    Yes    No
Water well disinfected?    Yes    No
Date disinfected (mm/dd/yy): _____
Aquifer, if known:

**NEAREST SOURCE OF POTENTIAL CONTAMINATION**

Source: _____
Distance from well: _____      Direction from well: _____
Source description: _____
Source: _____
Distance from well: _____      Direction from well: _____
Source description: _____
No potential source of contamination within 100 feet.

**CONSTRUCTION**

Borehole interval:	Borehole diameter:
from _____ to _____ ft.	_____ in.
from _____ to _____ ft.	_____ in.
Casing height above land surface: _____ in.	
If casing height is less than 12 in. has a variance been approved?*	Yes    No
*variance not required for monitoring or environmental remediation wells	
Casing type: _____	
Blank casing interval: _____ ft. to _____ ft.	
Blank casing diameter: _____ in.	
Casing joints: _____	
Weight: _____ lbs/ft.	
Wall thickness or gauge no.: _____	
Blank casing interval: _____ ft. to _____ ft.	
Blank casing diameter: _____ in.	
Casing joints: _____	
Weight: _____ lbs/ft.	
Wall thickness or gauge no.: _____	
Grout interval: _____ ft. to _____ ft.	
Grout material: _____	
Grout interval: _____ ft. to _____ ft.	
Grout material: _____	
Screen / perforation material: _____	
Screen / perforation openings: _____	
Screen / perforation intervals:	
From _____ ft. to _____ ft.	
Slot size _____ unit _____	
From _____ ft. to _____ ft.	
Slot size _____ unit _____	
Gravel pack intervals:	
Gravel pack not used:      Gravel size _____ in	
From _____ ft. to _____ ft.	
Gravel pack not used:      Gravel size _____ in	
From _____ ft. to _____ ft.	

**PERMIT & ID NUMBERS (AS REQUIRED)**

DWR Application No.: _____
KDHE / EPA Project Code: _____
Site Name: _____
KDHE UIC Class V Form Completed:    Yes    No
County Permit:    Yes    No    Permit ID: _____
Lease Name & Well #: _____
# of boreholes: _____    # of dewatering wells: _____

**LITHOLOGIC LOG**

FROM	TO	LITHOLOGY INTERVALS

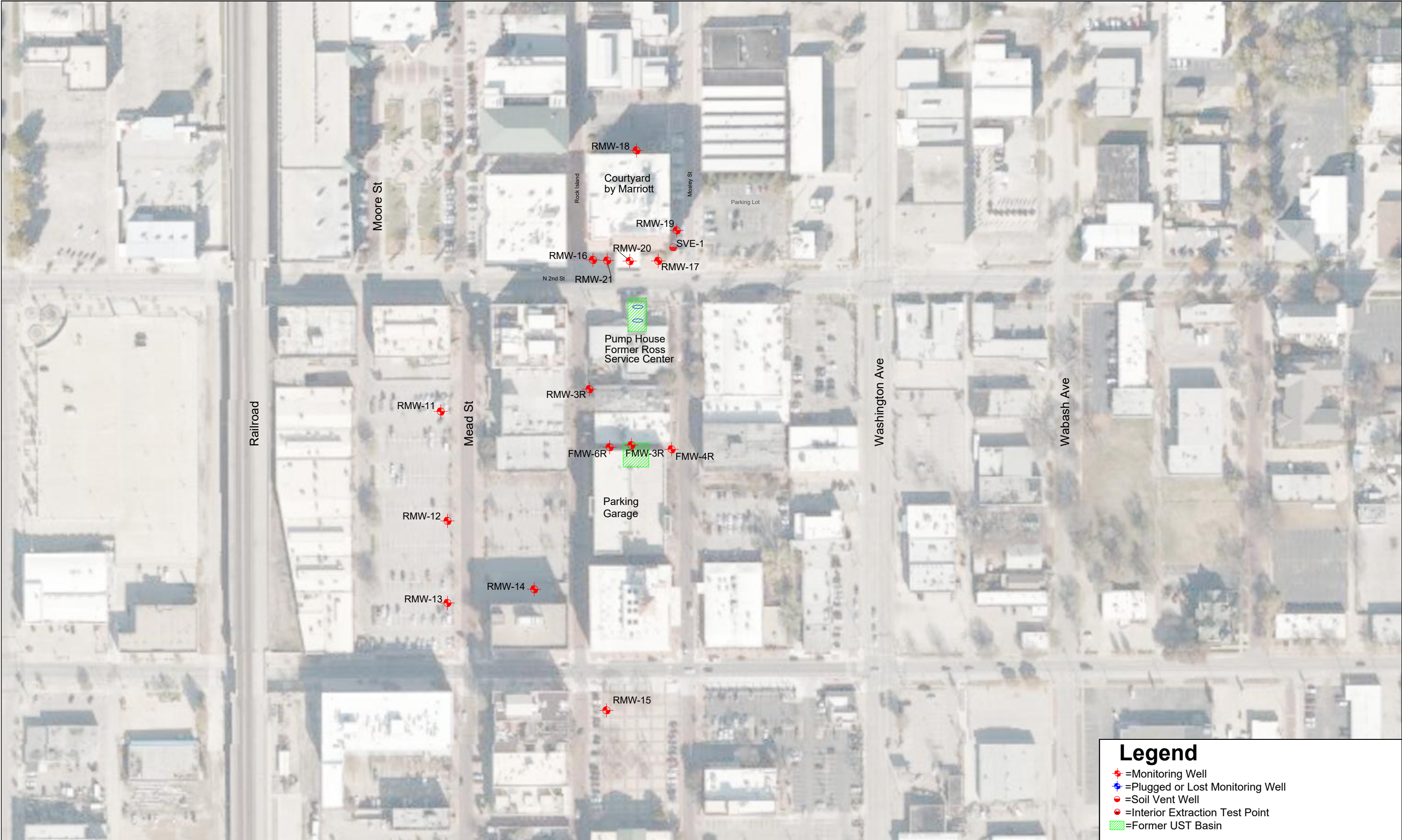
**COMMENTS**

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**CONTRACTOR'S OR LANDOWNERS CERTIFICATION**

This water well was    constructed    reconstructed    pursuant to the stated water well contractor's license and was completed on _____. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of _____, Kansas Water Well Contractor's License No. _____ under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal: _____.
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Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.



**Legend**

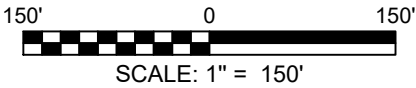
- =Monitoring Well
- =Plugged or Lost Monitoring Well
- =Soil Vent Well
- =Interior Extraction Test Point
- =Former UST Basin



FIGURE: 1  
DATE: 6/22/2022  
DRAWN BY: SGE

FIGURE NAME: Site Base Map  
PROJECT NUMBER: 127321A  
PROJECT MANAGER: SGE

ROSS SERVICE CENTER  
825 E. 2ND STREET, WICHITA, KS  
KDHE #: U2-087-00202



ALL LOCATIONS AND BOUNDARIES ARE APPROXIMATE

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](http://www.kdheks.gov)

Janet Stanek, Secretary

Laura Kelly, Governor

August 31, 2022

Sidney Edelbrock II, P.E.  
GSI Engineering  
6208 Richards Dr.  
Shawnee, KS 66216

Subject: Post-Construction Variance Request for Micro-Wells Installed at the Ross Service Center Site, 825 E 2<sup>nd</sup> St, Wichita, Sedgwick County, KS, NW, Sec. 21, T. 27S, R.1E. KDHE Project Code: U2-087-00202

Dear Mr. Edelbrock,

The Kansas Department of Health and Environment, Bureau of Water, Geology & Well Technology Unit (KDHE), had previously requested that GSI submit a waiver request for six (6) flush-mount micro-wells that had been installed at the above referenced site in June 2022 as part of ongoing groundwater remediation and monitoring activities. KDHE received the variance request electronically on August 24, 2022.

The six 'micro' wells had been installed using Geoprobe 3.25-inch probe rod, prepacked well screen and 1.266-inch OD Schedule 40 PVC well casing. KDHE regulations (K.A.R. 28-30-6(b)(2)) require that the borehole diameter be at least 3-inches greater than the maximum outside diameter (OD) of the casing.

Waiver request materials included construction details of the three (3) replacement (FMW-3R, FMW-4R, and FMW-6R) and three (3) new (RMW-3R, RMW-20, and RMW-21) micro wells installed by GSI (Ks WWC Lic. #531).

KDHE has reviewed the waiver request materials and with this letter provides notice of approval for the six micro wells installed 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 were shown in a scaled map that was provided with well records submitted via the Ks On-Line Automated Reporting System (KOLAR).

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

Sincerely,

A handwritten signature in black ink that reads "Pamela Chaffee". The signature is fluid and cursive.

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