# WATER WELL RECORD (WWC-5)

Constructed

KOLAR DOC ID 1719870 WELL ID P20

✓ Original Record ☐ Correction ☐ Change in Well Use

## LOCATION OF WATER WELL

| Latitude | 37.923571 | Longitude | -99.409983 | Section | 33 | Township | 24 | Range | 19 ☐E ✓W | Fraction | NE ¼ SW ¼ NE ¼ |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Datum | WGS84 | Elevation | 2167 | County | Edwards | | | | | | |

## WATER WELL OWNER

| | |
|---|---|
| Name | |
| Business | KDHE-STS |
| Address | 1000 SW Jackson, Suite 410<br>Topeka KS 66612 |
| Well location<br>☐ at owner's address | Hwy 183 and 6th Street, Kinsley, KS |

## CONSTRUCTION

Borehole interval: from 0 to 30 ft.; from ____ to ____ ft.

Borehole diameter: 6 in.; ____ 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: None

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: 0 ft. to 30 ft.

Grout material: Neat Cement

Grout interval: ____ ft. to ____ ft.

Grout material: ____

Screen / perforation material: None

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.

## WELL WATER USE

Other Soil Boring

## COMPLETION

Depth of completed well: 30 ft.

Depth(s) groundwater encountered:

(1) 10 ft.; (2) ____ ft.;

(3) ____ ft.; (4) ☐ dry well

Static water level in well: 9.34 ft.

✓ measured below land surface on (mm/dd/yy): 06/21/2023

☐ 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.

## PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: ____

KDHE / EPA Project Code: U1-02415586

Site Name: Kinsley Water Line EMG

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 |
|---|---|---|
| 0 | 10 | clay |
| 10 | 20 | sand,medium |
| 20 | 30 | clay |
| | | |
| | | |
| | | |

## COMMENTS

## CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed ✓ reconstructed ☐ pursuant to the stated water well contractor's license and was completed on 06/20/2023. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on 07/06/2023 under the business name of Associated Environmental Industries Corp., Kansas Water Well Contractor's License No. 551 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: Robert Keyes.

Send one copy to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT**

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367

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