

# WATER WELL RECORD Form WWC-5

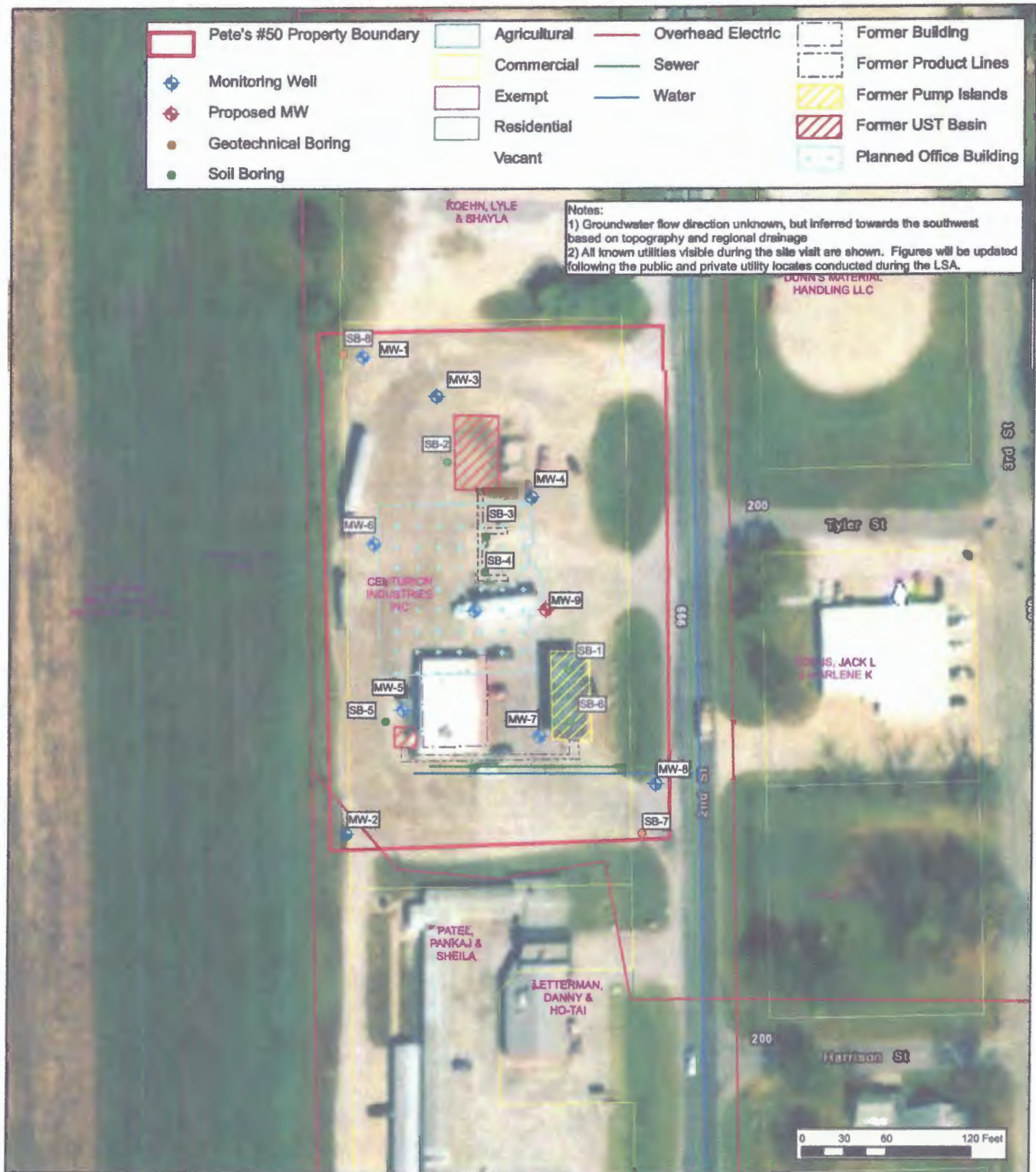
☐ Original Record ☐ Correction ☐ Change in Well Use



Division of Water  
Resources App. No.

Well ID

MW-5

<b>1 LOCATION OF WATER WELL:</b> County: <u>Wilson</u>		Fraction <u>NE 1/4 NE 1/4 SE 1/4 NE 1/4</u>	Section Number <u>11</u>	Township Number <u>T 29 S</u>	Range Number <u>R 14 E</u>
<b>2 WELL OWNER:</b> Last Name: <u>Centurian Industries</u> Business: <u>PO Box 531</u> Address: <u>Fredonia</u> City: <u>Fredonia</u> State: <u>KS</u> ZIP: <u>66736</u>		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 checked="" type="checkbox"/> <u>933 N. 2nd St., Fredonia, KS.</u>			
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>	<b>4 DEPTH OF COMPLETED WELL:</b> ..... <u>15</u> ..... ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... <u>5.71</u> ..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>8-26-20</u> <input type="checkbox"/> above land surface, measured on (mo-day-yr) ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Well water was ..... ft. after ..... hours pumping ..... gpm Estimated Yield: ..... gpm Bore Hole Diameter: <u>8.75</u> in. to <u>15</u> ft. and ..... in. to ..... ft.		<b>5 Latitude:</b> <u>37.540555</u> ..... (decimal degrees) <b>Longitude:</b> <u>-95.833611</u> ..... (decimal degrees) Horizontal Datum: <input 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 type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Online Mapper: <u>Google Earth</u>		
<b>6 Elevation:</b> <u>NA</u> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....					
<b>7 WELL WATER TO BE USED AS:</b> 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <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 <u>MW-5</u> 9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <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 13. <input type="checkbox"/> Other (specify): .....					
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					
<b>8 TYPE OF CASING USED:</b> <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 ..... <u>2</u> ..... in. to ..... <u>5</u> ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface ..... <u>0</u> ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. <u>sch 40</u> <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <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) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <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) <b>SCREEN-PERFORATED INTERVALS:</b> From <u>5</u> ..... ft. to <u>15</u> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From <u>3</u> ..... ft. to <u>15</u> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <u>Cement Pad</u> Grout Intervals: From <u>0</u> ..... ft. to <u>1</u> ..... ft., From <u>1</u> ..... ft. to <u>8</u> ..... ft., From ..... ft. to ..... ft. <b>Nearest source of possible contamination:</b> <input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage <input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well <input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well <input checked="" type="checkbox"/> Other (Specify) <u>Contaminated Site</u> Direction from well? <u>0</u> ..... Distance from well? <u>0</u> ..... ft.					
<b>10 FROM TO LITHOLOGIC LOG</b> 0 10 Clay, brown, very moist 10 15 Clay, gray, wet-saturated		<b>FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS</b>           Notes: <span style="float: right;">Returned for correction 11/2/20</span>			
<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) <u>8-25-2020</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>604</u> This Water Well Record was completed on (mo-day-year) <u>10/8/2020</u> under the business name of <u>Environmental Priority Service, Inc.</u> Signature <u>[Signature]</u> 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212 Revised 7/10/2015					



DESIGNED BY:	CP		Site Map Pete's #50		Figure  2	Limited Site Assessment Work Plan
DRAWN BY:	CP			933 North 2nd Street Fredonia, Kansas U3-103-15140		
CHECKED BY:	JM					
APPROVED BY:	CC					
DATE:	AUGUST 2020					