

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

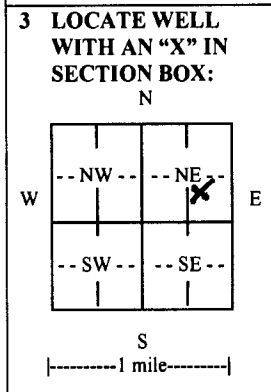
MW-4

1 LOCATION OF WATER WELL: County: Saline	Fraction ¼ NW ¼ SE ¼ NE ¼	Section Number 35	Township No. T 13 S	Range Number R 2 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .
Northeast Corner of the intersection of N. Weaver Rd. and 1st St., New Cambria, KS.

Global Positioning System (GPS) information:
Latitude: 38.8794 (in decimal degrees)
Longitude: 97.5095 (in decimal degrees)
Elevation:
Datum: WGS 84, NAD 83, NAD 27
Collection Method:
 GPS unit (Make/Model: Garmin etrex)
 Digital Map/Photo, Topographic Map, Land Survey
Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: Koch Remediation & Env. Services
RR#, Street Address, Box #: 4111 East 37th Street North
City, State, ZIP Code : Wichita, KS 67220



4 DEPTH OF COMPLETED WELL 36 ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr.....
Pump test data: Well water wasft. after..... hours pumping..... gpm
EST. YIELD.....gpm. Well water wasft. after..... hours pumping..... gpm
Bore Hole Diameter 8.....in. to 36.....ft., andin. toft.
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes No
If yes, mo/day/yr sample was submitted.....
Water well disinfected? Yes No

5 TYPE OF CASING USED: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded
Casing diameter 2..... in. to 21..... ft., Diameter in. to ft.
Casing height above land surface.. Flush..... in., Weightlbs./ft., Wall thickness or gauge No. Sch. 40.....
TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify)
 Brass Galvanized Steel None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify)
SCREEN-PERFORATED INTERVALS: From 36..... ft. to 21..... ft., From ft. to ft.
From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From 36..... ft. to 19..... ft., From ft. to ft.
From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From 19..... ft. to 2..... ft., From ft. to ft., From ft. to ft.
What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	30	Silty Clay			
30	36	Sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 12/5/2013..... and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 710..... This Water Well Record was completed on (mo/day/year) 12/27/2013.....
under the business name of Below Ground Surface, Inc...... by (signature) [Signature].....

INSTRUCTIONS: Use typewriter or ball point pen. **PLEASE PRESS FIRMLY** and **PRINT** clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. I include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.