

County: Reno Fraction: NW NE SE NW Sec. 1 T. 23 S R. 6 W

CORRECTION(S) to WATER WELL COMPLETION RECORD Form WWC-5 (to rectify lacking or incorrect information)

Owner: Kwik Shop Inc

If location corrected, was listed as:

Section-Township-Range: 1-23-16

Location changed to:

1-23-6

Fraction (1/4 calls): _____

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Checked well location against KGS mapper

Initials: BK Date: 7-21-2021

Submitted by: ☒ Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724
☐ Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367

WATER WELL RECORD Form WWC-5

☐ Original Record ☐ Correction ☐ Change in Well Use

Division of Water
Resources App. No.

Well ID **MW12**

1 LOCATION OF WATER WELL:

County: **RENO**

Fraction

NW 1/4 NE 1/4 SE 1/4 NW 1/4

Section Number

1

Township Number

T 23 S

Range Number

R 16 ☐ E ☒ W

2 WELL OWNER: Last Name:

First:

Business: **KWIK SHOP, INC.**

Address: **2617 N. MAIN ST.**

Address:

City: **HUTCHINSON**

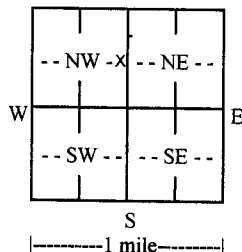
State: **KS**

ZIP: **67502**

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: ☐

19 W. 27TH AVE.

3 LOCATE WELL WITH "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL:

Depth(s) Groundwater Encountered: 1) **15** ft.

2) **11.27** ft. 3) **11.27** ft. or 4) ☐ Dry Well

WELL'S STATIC WATER LEVEL: **11.27** ft.

☒ below land surface, measured on (mo-day-yr) **8/7/19**

☐ 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: **8.5** in. to **20** ft. and

..... in. to ft.

5 Latitude: **38.08265** (decimal degrees)

Longitude: **97.93280** (decimal degrees)

Horizontal Datum: ☒ WGS 84 ☐ NAD 83 ☐ NAD 27

Source for Latitude/Longitude:

☐ GPS (unit make/model:)

(WAAS enabled? ☐ Yes ☐ No)

☒ Land Survey ☐ Topographic Map

☐ Online Mapper:

6 Elevation: **1539.40** ft. ☐ Ground Level ☒ TOC

Source: ☒ Land Survey ☐ GPS ☐ Topographic Map

☐ Other

7 WELL WATER TO BE USED AS:

1. Domestic:

☐ Household

☐ Lawn & Garden

☐ Livestock

2. ☐ Irrigation

3. ☐ Feedlot

4. ☐ Industrial

5. ☐ Public Water Supply: well ID

6. ☐ Dewatering: how many wells?

7. ☐ Aquifer Recharge: well ID

8. ☒ Monitoring: well ID **MW12**

9. Environmental Remediation: well ID

☐ Air Sparge

☐ Soil Vapor Extraction

☐ Recovery

☐ Injection

10. ☐ Oil Field Water Supply: lease

11. Test Hole: well ID

☐ Cased ☐ Uncased ☐ Geotechnical

12. Geothermal: how many bores?

a) Closed Loop ☐ Horizontal ☐ Vertical

b) Open Loop ☐ Surface Discharge ☐ Inj. of Water

13. ☐ Other (specify):

Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted:

Water well disinfected? ☐ Yes ☐ No

8 TYPE OF CASING USED:

☐ Steel ☒ PVC ☐ Other CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☒ Threaded

Casing diameter **2** in. to **20** ft., Diameter in. to ft., Diameter in. to ft.

Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ Steel

☐ Stainless Steel

☐ Fiberglass

☒ PVC

☐ Other (Specify)

☐ Brass

☐ Galvanized Steel

☐ Concrete tile

☐ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

☐ Continuous Slot

☒ Mill Slot

☐ Gauze Wrapped

☐ Torch Cut

☐ Drilled Holes

☐ Other (Specify)

☐ Louvered Shutter

☐ Key Punched

☐ Wire Wrapped

☐ Saw Cut

☐ None (Open Hole)

SCREEN-PERFORATED INTERVALS: From **10** ft. to **20** ft., From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **8** ft. to **20** ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL:

☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other **Concrete Surface Completion 0-1**

Grout Intervals: From **0** ft. to **1** ft., From **1** ft. to **8** ft., From ft. to ft.

Nearest source of possible contamination:

☐ Septic Tank

☐ Lateral Lines

☐ Pit Privy

☐ Livestock Pens

☐ Insecticide Storage

☐ Sewer Lines

☐ Cess Pool

☐ Sewage Lagoon

☒ Fuel Storage

☐ Abandoned Water Well

☐ Watertight Sewer Lines

☐ Seepage Pit

☐ Feedyard

☐ Fertilizer Storage

☐ Oil Well/Gas Well

☐ Other (Specify)

Direction from well? **EAST** Distance from well? **100** ft.

10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS

0 1 TOPSOIL

1 9 SILTY CLAY

8 20 SAND

Notes:

U2-078-15068

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:

This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) **8/6/19** and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo-day-year) **8/22/19**

under the business name of **ASSOCIATED ENVIRONMENTAL INC.** Signature *[Signature]*

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 <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

Revised 7/10/2015

