

# WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

Well ID **MW10**

<b>1 LOCATION OF WATER WELL:</b> County: <b>RENO</b>		Fraction NW ¼ SE ¼ NE ¼ SE ¼	Section Number <b>5</b>	Township Number <b>T 26S S</b>	Range Number <b>R 10</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
<b>2 WELL OWNER:</b> Last Name: <b>KDHE-BER</b> Business: <b>KDHE-BER</b> Address: <b>1000 SW JACKSON</b> Address: City: <b>TOPEKA</b> State: <b>KS</b> ZIP: <b>66612-1367</b>		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"/>			
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto; position: relative;"><div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black; border-style: dashed;"></div><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">X</div></div> S -----1 mile-----		<b>4 DEPTH OF COMPLETED WELL:</b> ..... <b>35</b> ..... ft. Depth(s) Groundwater Encountered: 1) ..... <b>23</b> ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... <b>21.29</b> ..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) ..... <b>8/6/19</b> ..... <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: ..... <b>8.5</b> ..... in. to ..... <b>35</b> ..... ft. and ..... in. to ..... ft.		<b>5 Latitude:</b> ..... <b>37.81074</b> ..... (decimal degrees) <b>Longitude:</b> ..... <b>98.43021</b> ..... (decimal degrees) Horizontal Datum: <input checked="" 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 checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....	
		<b>6 Elevation:</b> ..... <b>1752.64</b> ..... ft. <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC Source: <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....			

## 7 WELL WATER TO BE USED AS:

- |   |   |
|---|---|
| 1. Domestic:<br><input type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock<br>2. <input type="checkbox"/> Irrigation<br>3. <input type="checkbox"/> Feedlot<br>4. <input type="checkbox"/> Industrial | 5. <input type="checkbox"/> Public Water Supply: well ID .....<br>6. <input type="checkbox"/> Dewatering: how many wells? .....<br>7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br>8. <input checked="" type="checkbox"/> Monitoring: well ID <b>MW10</b><br>9. Environmental Remediation: well ID .....<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection               |
|   | 10. <input type="checkbox"/> Oil Field Water Supply: lease .....<br>11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br>13. <input type="checkbox"/> 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 ..... **35** ..... 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 **20** ..... ft. to **35** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From **18** ..... ft. to **35** ..... 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 **18** ..... ft., From ..... ft. to ..... ft.

## Nearest source of possible contamination:

- |   |  |  |  |   |
|---|--|--|--|---|
| <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 checked="" 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 type="checkbox"/> Other (Specify) .....  |  |  |  |   |

Direction from well? **NORTHWEST** Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	.5	GRAVEL			
.5	8	SILTY CLAY			
8	22	SANDY CLAY			
22	30	SAND			
30	35	CLAYEY SAND			
<b>Notes:</b> A2-078-40488					

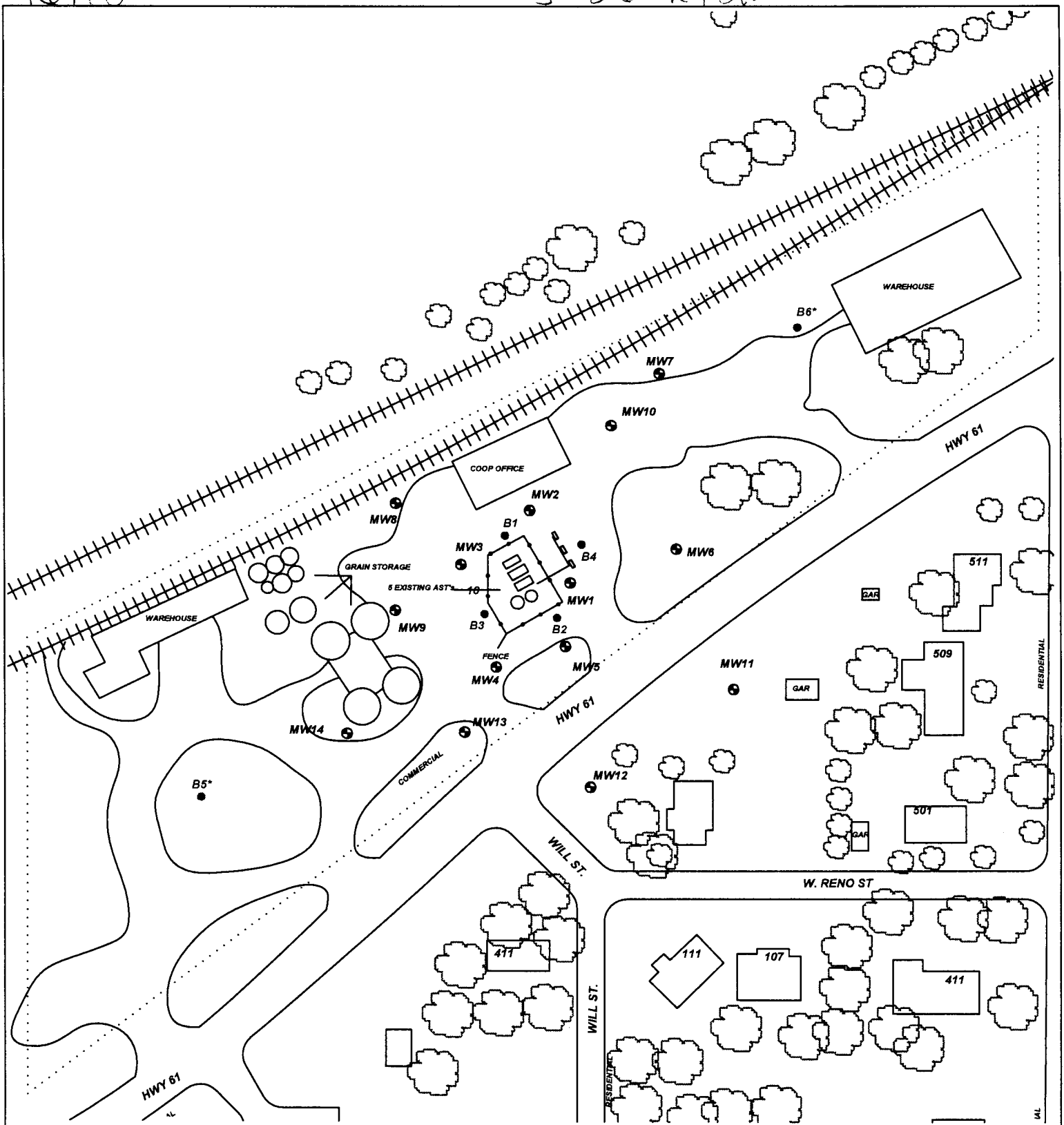
**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) **8/5/19** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** ..... This Water Well Record was completed on (mo-day-year) **8/23/19** ..... 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



<b>PROJECT:</b> TURON CARDTROL <b>ADDRESS:</b> 112 W HWY 61 <b>LOCATION:</b> TURON, KS <b>DRAWN BY:</b> B. STALNAKER <b>DATE:</b> 10/10/18 <b>REVISED BY:</b> B. STALNAKER <b>DATE:</b> 3/19/19 <b>AEI JOB #:</b> TM242 <b>KDHE JOB #:</b> A2-078-40488		<b>TITLE:</b>   <b>ASSOCIATED ENVIRONMENTAL INC.</b>	<b>LEGEND:</b>  [Symbol] = CURRENT PUMP ISLANDS [Symbol] = MONITORING WELL [Symbol] = PROPOSED SOIL BORING [Symbol] = SUBJECT PROPERTY
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