

WATER WELL RECORD

Form WWC-5

Division of Water
Resources App. No.

Well ID

MW2S

☒ Original Record ☐ Correction ☐ Change in Well Use

1 LOCATION OF WATER WELL: County Sedgwick		Fraction ¼ NE ¼ SE ¼ NE ¼		Section Number 30	Township Number T 27 S	Range Number R 1 E <input checked="" type="checkbox"/> W																																										
2 WELL OWNER: Last Name: Business: Miller's Cleaners Address: 323 S Maize Rd. Address: City Wichita State: KS ZIP:			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 type="checkbox"/> ~1400' S of 323 S Maize Rd., Wichita KS																																													
3 LOCATE WELL WITH "X" IN SECTION BOX: <div style="text-align: center;"> </div>		4 DEPTH OF COMPLETED WELL: 90 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: NA ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) _____ NA <input type="checkbox"/> above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was _____ ft after _____ hours pumping _____ gpm Water well was _____ ft after _____ hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: 8.25 in to _____ ft, and _____ in to _____ ft		5 Latitude: 37.674886 (decimal degrees) Longitude: -97.463697 (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 checked="" 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 type="checkbox"/> Online Mapper																																												
7 WELL WATER TO BE USED AS: 1 Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial 2 <input type="checkbox"/> Public Water Supply: well ID _____ 3 <input type="checkbox"/> Dewatering: how many wells? _____ 4 <input type="checkbox"/> Aquifer Recharge: well ID _____ 5 <input checked="" type="checkbox"/> Monitoring: well ID MW2S 6 Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extractor <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 7 <input type="checkbox"/> Oil Field Water Supply: lease _____ 8 Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 9 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 <input type="checkbox"/> Other (specify): _____		6 Elevation _____ 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 _____																																														
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																																																
8 TYPE OF CASING USED: <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 2 in. to 10 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft, Casing height above land surface 0 in. Weight _____ lbs./ft. Well thickness or gauge No _____ TYPE OF SCREEN OR PERFORATION MATERIAL: <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) SCREEN OR PERFORATION OPENINGS ARE: <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) SCREEN-PERFORATED INTERVALS: From 10 ft. to 30 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft, GRAVEL PACK INTERVALS: From 8 ft. to 30 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,																																																
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Concrete: 0-0.5' Grout intervals: From 0.5 ft. to 8 ft, From _____ ft. to _____ 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 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? _____ Distance from well? _____ ft																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">10 FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">LITHOLOGIC LOG</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:20%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0.3</td> <td>Topsoil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.3</td> <td>13</td> <td>Silty clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13</td> <td>17</td> <td>Silty clay w/ fine sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>17</td> <td>21</td> <td>Fine-medium sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>21</td> <td>30</td> <td>Fine-coarse sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="height: 40px;"> Notes: KDHE ID: Miller's Cleaners; C2-087-73383 Target of monitoring well is shallow groundwater, <20' of grout was installed at the direction of KDHE. </td> </tr> </tbody> </table>							10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	0.3	Topsoil				0.3	13	Silty clay				13	17	Silty clay w/ fine sand				17	21	Fine-medium sand				21	30	Fine-coarse sand				Notes: KDHE ID: Miller's Cleaners; C2-087-73383 Target of monitoring well is shallow groundwater, <20' of grout was installed at the direction of KDHE.					
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11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) 1/18/18 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 757 This Water Well Record was completed on (mo-day-year) 2/1/18 under the business name of Larsen & Associates, Inc. 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>

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