| WATER WELL RECORD Form WWC-5 Division of Water | | | | | | | | | |
|--|---|--|-----------------------------|---------------|-------------------|--|--|--|--|
| Origina | l Record | Correction Chang | ge in Well Use | Res | ources App. No | | Well ID | | |
| 1 LOCA | TION OF V | WATER WELL: | Fraction | Sec | ction Number | Township Numb | | | |
| County | y: Sedgwic | k | NE1/4 NE1/4 SW 1/4 | SW 1/4 | 24 | T 27 S | R 1 □E ■W | | |
| 2 WELL OWNER: Last Name: Lorik First: Robi Street or Rural Address where well is located (if unknown, distance and | | | | | | | | | |
| Business: PWI, Inc. direction from nearest town or intersection): If at owner's address, check l | | | | | | | | | |
| Address: 109 5. Knight 5t- | | | | | | | | | |
| Address: | | La L | . ZIP: 67213 | 109 S. Knig | 11.51. | | | | |
| | w:chita | State: N | · ZIP: 6 /21) | | 1 | | | | |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: 20 ft. 5 Latitude: 37.683055 (decimal degrees) | | | | | | | | | |
| WITH "X" IN SECTION BOX: Depth(s) Groundwater Encountered: 1) 15 ft. Longitude: -97.385277 (decim | | | | | | | | | |
| 1 | N N BOX: | | 3) ft., or 4) □ | | | Horizontal Datum: ■ WGS 84 □ NAD 83 □ NAD 27 | | | |
| WELL'S STATIC WATER LEVEL: ft. | | | | | | Source for Latitude/Longitude: | | | |
| | | ☐ below land surface | e, measured on (mo-day- | yr) | | GPS (unit make/model:) | | | |
| | | | e, measured on (mo-day- | yr) | . _ | (WAAS enabled? ☐ Yes ☐ No) | | | |
| | | 1 - | water wasft | | ☐ Lar | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: | | | |
| W | E | 1 | s pumping | | ☐ On | | | | |
| SW | SE | 1 | water was fi | | | | | | |
| × |] 31, 1 | | s pumping | gpm | 6 Floyati | 6 Elevation: NAft. ☐ Ground Level ☐ TOC | | | |
| Estimated Yield | | | gpm | 0 1 | | ource: Land Survey GPS Topographic Map | | | |
| | S | | 3.25 _{in. to} 20 | | Source. | | | | |
| 1 mile other | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | | |
| 1. Domestic | | | | | | | | | |
| _ | ☐ Household 6. ☐ Dewatering: how many wells? | | | | | 11. Test Hole: well ID | | | |
| _ | _ 1 | | | | | | | | |
| | Livestock 8. Monitoring: well ID | | | | | | | | |
| 3. ☐ Feedle | 2. ☐ Irrigation 9. Environmental Remediation: well ID | | | | | | | | |
| | | | | xtraction | | | | | |
| 4. Industrial Recovery Injection 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 C | OF CASING | G USED: 🗆 Steel 🔳 PV | 'C □ Other | CASI | NG JOINTS: | ☐ Glued ☐ Clampe | ed 🗌 Welded 🗎 Threaded | | |
| Casing diameter | | | | | | | | | |
| Casing height above land surface | | | | | | | | | |
| 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 | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | |
| ☐ Septic | | ☐ Lateral Lin | | | Livestock Pen | s ☐ Insect | icide 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? ft. | | | | | | | | | |
| | | | | | | | | | |
| 10 FROM | TO | LITHOLO | GIC LOG | FROM | TO L | JTHO. LOG (cont.) o | or PLUGGING INTERVALS | | |
| 0 | 10 | Clay, brown, silty | | | | | | | |
| 10 | 15 | Sand, brown, fine gra | | | | | | | |
| 15 | 20 | Sand, brown, fine to | coarse, wet | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | Notes: | | | ALL WAR AND ADDRESS OF THE ADDRESS O | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | |
| under my i | urisdiction | and was completed on (| no-day-year) 7-19-20 | 11115 walt | this record is | true to the hest of n | ny knowledge and belief. | | |
| Kansas Wa | ater Well Ca | ontractor's License No | 604 This Wa | ter Well Re | cord was com | nleted on (mo-day-y | year) .7.1.25.1.1.4 | | |
| under the h | ousines's nar | ne of Environmental F | riority Service. Inc. | S | ignature | H MI | 7.7.7. | | |
| Mail | 1 white copy a | long with a fee of \$5.00 for ea | ch constructed well to: Kan | sas Departmen | t of Health and E | nvironment, Bureau of V | Vater, 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 | | | | | | | | | |