

**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.

Well ID QMW-7

Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: Seward	Fraction SW ¼ NW ¼ SW ¼ NW ¼	Section Number 33	Township Number T 34 S	Range Number R 33 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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<b>2 WELL OWNER:</b> Last Name: KDHE Business: KDHE Address: 1000 SW Jackson, Ste 410 Address: City: Topeka State: KS ZIP: 66612	First: 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"/> 1011 N. Kansas, Liberal
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**3 LOCATE WELL WITH "X" IN SECTION BOX:**

N

	NW	NE	
X			
W			E
	SW	SE	

S

-----1 mile-----

**4 DEPTH OF COMPLETED WELL:** ... 200 ... ft.

Depth(s) Groundwater Encountered: 1) ..... ft.  
2) ..... ft. 3) ..... ft., or 4)  Dry Well

WELL'S STATIC WATER LEVEL: ..... 180.95 ..... ft.

below land surface, measured on (mo-day-yr) 8/4/2022.  
 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 200 ft. and  
..... in. to ..... ft.

**5 Latitude:** ..... 37.049307 ..... (decimal degrees)  
**Longitude:** ..... 100.922036 ..... (decimal degrees)

Horizontal Datum:  WGS 84  NAD 83  NAD 27

Source for Latitude/Longitude:  
 GPS (unit make/model: EPOCH .....)  
(WAAS enabled?  Yes  No)

Land Survey  Topographic Map  
 Online Mapper: .....

**6 Elevation:** 2839.01 ..... ft.  Ground Level  TOC  
Source:  Land Survey  GPS  Topographic Map  
 Other .....

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID .....
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input checked="" type="checkbox"/> Monitoring: well ID QMW-7	12. Geothermal: how many bores? .....
	9. Environmental Remediation: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	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 ..... 4 ..... in. to ..... 200 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface ..... 4 ..... 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 ..... 170 ..... ft. to ..... 200 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From ..... 167 ..... ft. to ..... 200 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout Intervals: From ..... 1 ..... ft. to ..... 167 ..... 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 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) .....				

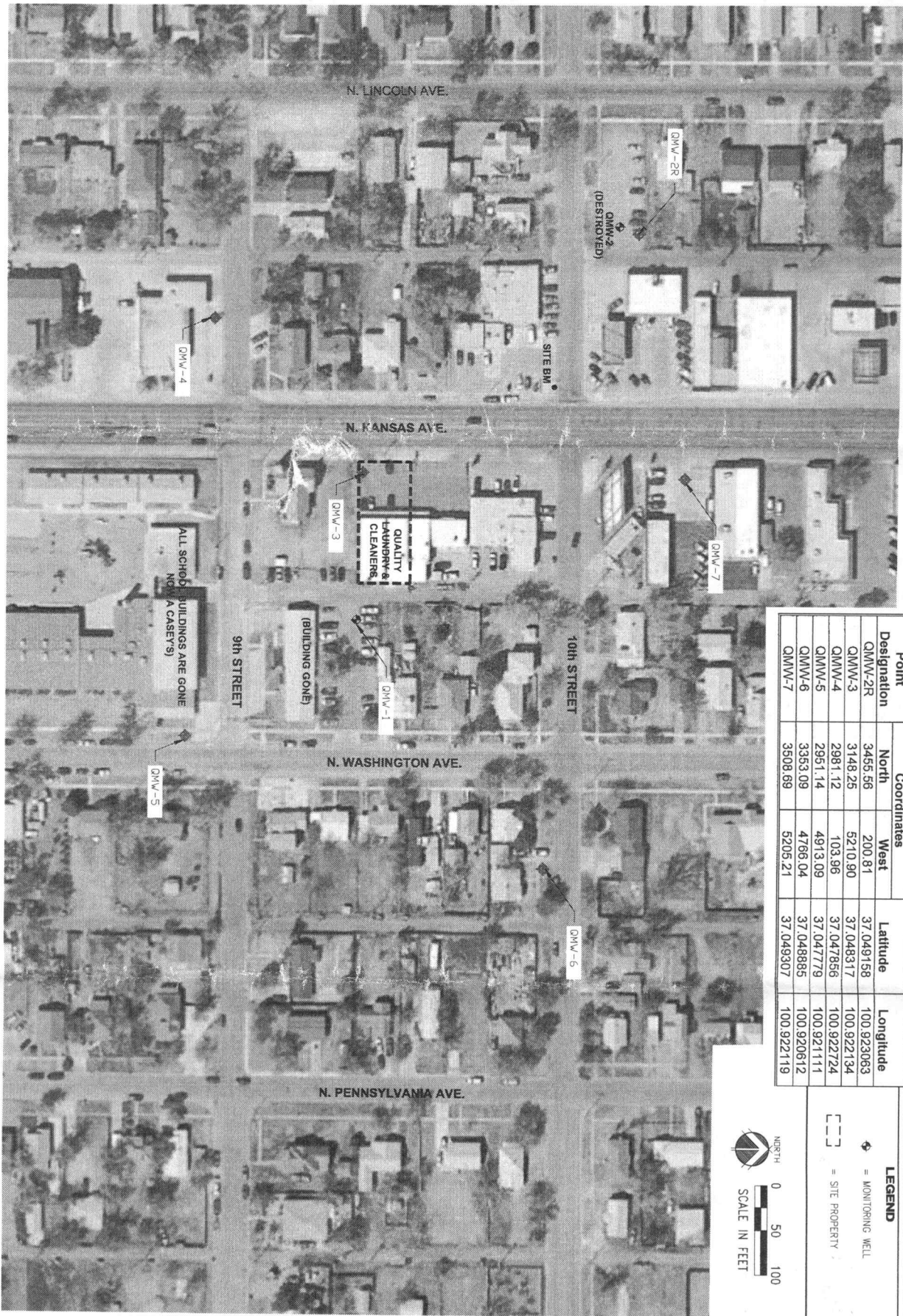
Direction from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	0.5	Concrete	123	163	Caliche and clay
0.5	12	Silt	163	177	Clay and caliche
12	32	Sand	177	201	Sand
32	50	Clay			
50	71	Sandy clay			
71	79	Sand			
79	101	Clay and caliche			
101	105	Gravelly sand			
105	123	Clay and caliche			

**Notes:** Quality Laundry and Cleaners  
KDHE Project Code: C1-088-71846

**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) 6/17/2022 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 881 ..... This Water Well Record was completed on (mo-day-year) 9/16/2022 ..... under the business name of Woofers Pump and Well ..... 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.



Point Designation	Coordinates		Latitude	Longitude
	North	West		
QMW-2R	3445.56	200.81	37.049158	100.923063
QMW-3	3148.25	5210.90	37.048317	100.9227134
QMW-4	2981.12	103.96	37.047856	100.922724
QMW-5	2951.14	4913.09	37.047779	100.921111
QMW-6	3353.09	4766.04	37.048885	100.920612
QMW-7	3508.69	5205.21	37.049307	100.922119

**LEGEND**

◆ = MONITORING WELL

□ = SITE PROPERTY

NORTH

0 50 100

SCALE IN FEET

QUALITY LAUNDRY AND CLEANERS  
**SITE MAP**  
 LIBERAL, KS KDHE #C1-088-71846

SCALE: AS SHOWN  
 PROJECT: QMW-1-4  
 DATE: SEPTEMBER 2022  
 FIELD BOOK: N/A (NO NO. M)  
 DRAWN BY: AWP/DB  
 CHECKED BY: AWP/DB  
 SHEET: **FIGURE 4.2**

**MILCO**  
 Environmental Services, Inc.  
 1400 W. 15th St. Suite 200  
 Liberal, KS 67459  
 Phone: (785) 850-9566

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