

**WATER WELL RECORD Form WWC-5**

Original Record  Correction  Change in Well Use

Division of Water Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: <u>Ph: 11:05</u>	Fraction <u>SE 1/4 SW 1/4 SE 1/4 NW 1/4</u>	Section Number <u>27</u>	Township Number <u>T 3 S</u>	Range Number <u>R 10</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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<b>2 WELL OWNER:</b> Last Name: <u>USDA</u> First: <u>CCC</u> Business: <u>Stop 0513, RM 4717-S, 1400</u> Address: <u>Independence Ave, SW</u> City: <u>Washington</u> State: <u>DC</u> ZIP: <u>20250-0513</u>	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"/> <u>North of Coop Grain Elevators</u> <u>North of railroad tracks</u>
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px;">NW</td> <td style="border: 1px solid black; padding: 5px;">NE</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">SW</td> <td style="border: 1px solid black; padding: 5px;">SE</td> </tr> </table> W <span style="margin-left: 100px;">E</span> S -----1 mile-----	NW	NE	SW	SE	<b>4 DEPTH OF COMPLETED WELL:</b> <u>63</u> ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr) ..... <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: <u>1 1/2</u> in. to <u>63</u> ft. and ..... in. to ..... ft.	<b>5 Latitude:</b> <u>N 39.7640093</u> ..... (decimal degrees) <b>Longitude:</b> <u>W 99.1172870</u> ..... (decimal degrees) Horizontal Datum: <input 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: <u>IPhone</u> ) ..... (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: .....
NW	NE					
SW	SE					
		<b>6 Elevation:</b> ..... 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 .....				

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

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input type="checkbox"/> Monitoring: well ID ..... 9. Environmental Remediation: well ID <u>4085 (ALERTS)</u> <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. 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 13. <input type="checkbox"/> Other (specify): .....
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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 8 in. to 53 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface Flush in. Weight 5.39 lbs./ft. Wall thickness or gauge No. Sched 40

**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 53 ft. to 63 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From 30 ft. to 63 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

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

Grout Intervals: From 7 ft. to 30 ft., From ..... ft. to ..... 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) Grain Elevators .....

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

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
	<u>0</u>	<u>Silty clay dark brown</u>			
	<u>10</u>	<u>Previous large diameter casing</u>			
	<u>63</u>	<u>filter backfill</u>			
Notes:					

**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) 10-15-2021 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 597 This Water Well Record was completed on (mo-day-year) 10/15/2021 under the business name of Cascade Drilling Signature Steve Johnson

Division of Environment  
Curtis State Office Building  
1000 SW Jackson St., Suite 400  
Topeka, KS 66612-1367



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Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

October 5, 2021

Lawrence Erdman, Operations Manager  
Cascade  
301 Alderson St.  
Schofield, WI 54476

Subject: Monitoring Well Flush-Mount Waiver Request for Pro-Ag Co-op Site, 671 Railroad Ave., Agra, Phillips County, Kansas, SE, SW, SE, NW, Sec. 27, T. 3S, R. 16W. KDHE Project Code C6-074-72376

Dear Mr. Erdman,

Today, the Kansas Department of Health and Environment, Bureau of Water, Geology & Well Technology Unit (KDHE), received the above referenced request to convert three (3) extraction wells to flush-mount surface completions at the above referenced site and location. The wellhead completions will be made by Kansas licensed water well contractor Cascade Drilling, (Lic. #597), due to the presence of heavy equipment operating in the immediate area and to close proximity of railroad tracks. The environmental remediation wells are part of ongoing groundwater remediation and monitoring activities at the site.

Waiver request materials included an email request with required information, site figure confirming well locations, and flush-mount well completion diagram to be followed in accordance with the *KDHE Flush-Mount Well Construction Detail* dated January 2018.

KDHE has reviewed the waiver request materials, with this letter provides notice of approval for conversion of three above-ground completion extraction wells to at-grade completion at the above referenced site.

As required in KDHE's Procedure *WWP-5 – Procedure for Requesting a Waiver to Allow Installation of a Flush-Mount Monitoring Well*, the location, well number, and latitude/longitude coordinates with associated horizontal datum must be shown in a scaled map and provided to KDHE along with the water well records (WWC-5 Forms) indicating that these wells have been reconstructed in accordance with Article 30 - K.A.R. 28-30-6(s). Please plan to attach such a map with the WWC-5 forms.

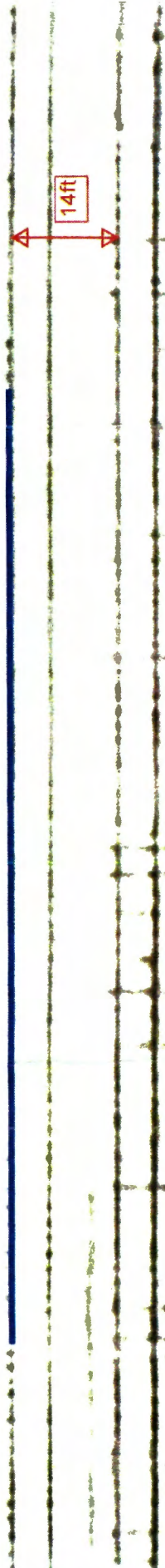
Please contact me at 785-296-3565 (office), 785-224-5259 (work cell), or [Pam.Chaffee@ks.gov](mailto:Pam.Chaffee@ks.gov) if you have any questions or need further assistance.

Sincerely,

A handwritten signature in blue ink that reads "Pamela Chaffee". The signature is written in a cursive style.

Pamela Chaffee, P.G.  
Water Well Program Manager  
Geology & Well Technology Unit/Bureau of Water  
1000 SW Jackson St, Suite 420  
Topeka, KS 66612-1367

Copy: File – BOW/GWTU – Phillips County  
Sitney Day, KDHE/BER/Remedial Section, Site Restoration Unit Project Manager



MW-J