

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. Well ID

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL: County: Ph: 11:05 Fraction: S 6 1/4 SE 1/4 NW 1/4 Section Number: 27 Township Number: T 3 S Range Number: R 10 E W

2 WELL OWNER: Last Name: USDA First: CCC 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:
 Business: Stop 0513, R44717-S, 1400
 Address: Independence Ave, SW North of Coop Grain Elevators
 City: Washington State: DC ZIP: 20250-0513 North of railroad tracks

3 LOCATE WELL WITH "X" IN SECTION BOX:
N

	NW	NE	
W	X		E
	SW	SE	
	S		

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

4 DEPTH OF COMPLETED WELL: 65 ft.
 Depth(s) Groundwater Encountered: 1) ft.
 2) ft. 3) ft., or 4) Dry Well
WELL'S STATIC WATER LEVEL: ft.
 below land surface, measured on (mo-day-yr).....
 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: 6 in. to 6.5 ft. and
 in. to ft.

5 Latitude: N 39.763884(decimal degrees)
Longitude: W 99.117478(decimal degrees)
 Horizontal Datum: WGS 84 NAD 83 NAD 27
 Source for Latitude/Longitude:
 GPS (unit make/model: IPhone)
 (WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper:

6 Elevation: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 2. Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID	10. <input type="checkbox"/> Oil Field Water Supply: lease
6. <input type="checkbox"/> Dewatering: how many wells?	7. <input type="checkbox"/> Aquifer Recharge: well ID	11. Test Hole: well ID
8. <input checked="" type="checkbox"/> Monitoring: well ID <u>GW-6</u>	9. Environmental Remediation: well ID	12. Geothermal: how many bores?
<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify):	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

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 5.5 ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface 30 in. Weight 70 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 5.5 ft. to 6.5 ft., From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From 5.2 ft. to 6.5 ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
 Grout Intervals: From 1 ft. to 5.2 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
0	10	Silty Clay dark Brown			
10	56	Silty Clay light Brown			
56	65	well sorted Sands			

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) 10-13-2021 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) 10/13/2021 under the business name of Cascade Drilling Signature Steve Johnson

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

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



Phone: 785-296-1535
Fax: 785-559-4264
www.kdheks.gov

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.

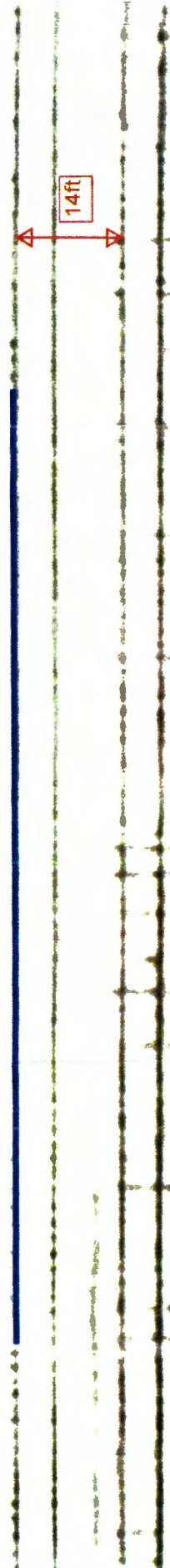
Please contact me at 785-296-3565 (office), 785-224-5259 (work cell), or Pam.Chaffee@ks.gov if you have any questions or need further assistance.

Sincerely,

A handwritten signature in blue ink that reads "Pamela Chaffee".

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