

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____ WELL ID _____

Original Record Correction Change in Well Use

LOCATION OF WATER WELL

Latitude		Longitude		Section		Township		Range		E W	Fraction	¼	¼	¼
Datum		Elevation		County										

WATER WELL OWNER

Name	
Business	
Address	
Well location at owner's address	

WELL WATER USE

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COMPLETION

Depth of completed well: _____ ft.
Depth(s) groundwater encountered:
(1) _____ ft.; (2) _____ ft.;
(3) _____ ft.; (4) dry well
Static water level in well: _____ ft.
measured below land surface
on (mm/dd/yy): _____
measured above land surface
on (mm/dd/yy): _____
Estimated yield: _____ gpm
Water level was: _____ ft. after _____ hours
pumping _____ gpm
Pump installed? Yes No
Water well disinfected? Yes No
Date disinfected (mm/dd/yy): _____
Aquifer, if known:

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Source: _____
Distance from well: _____ Direction from well: _____
Source description: _____
Source: _____
Distance from well: _____ Direction from well: _____
Source description: _____
No potential source of contamination within 100 feet.

CONSTRUCTION

Borehole interval:	Borehole diameter:
from _____ to _____ ft.	_____ in.
from _____ to _____ ft.	_____ in.
Casing height above land surface: _____ in.	
If casing height is less than 12 in. has a variance been approved?*	Yes No
*variance not required for monitoring or environmental remediation wells	
Casing type: _____	
Blank casing interval: _____ ft. to _____ ft.	
Blank casing diameter: _____ in.	
Casing joints: _____	
Weight: _____ lbs/ft.	
Wall thickness or gauge no.: _____	
Blank casing interval: _____ ft. to _____ ft.	
Blank casing diameter: _____ in.	
Casing joints: _____	
Weight: _____ lbs/ft.	
Wall thickness or gauge no.: _____	
Grout interval: _____ ft. to _____ ft.	
Grout material: _____	
Grout interval: _____ ft. to _____ ft.	
Grout material: _____	
Screen / perforation material: _____	
Screen / perforation openings: _____	
Screen / perforation intervals:	
From _____ ft. to _____ ft.	
Slot size _____ unit _____	
From _____ ft. to _____ ft.	
Slot size _____ unit _____	
Gravel pack intervals:	
Gravel pack not used: Gravel size _____ in	
From _____ ft. to _____ ft.	
Gravel pack not used: Gravel size _____ in	
From _____ ft. to _____ ft.	

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: _____
KDHE / EPA Project Code: _____
Site Name: _____
KDHE UIC Class V Form Completed: Yes No
County Permit: Yes No Permit ID: _____
Lease Name & Well #: _____
of boreholes: _____ # of dewatering wells: _____

LITHOLOGIC LOG

FROM	TO	LITHOLOGY INTERVALS

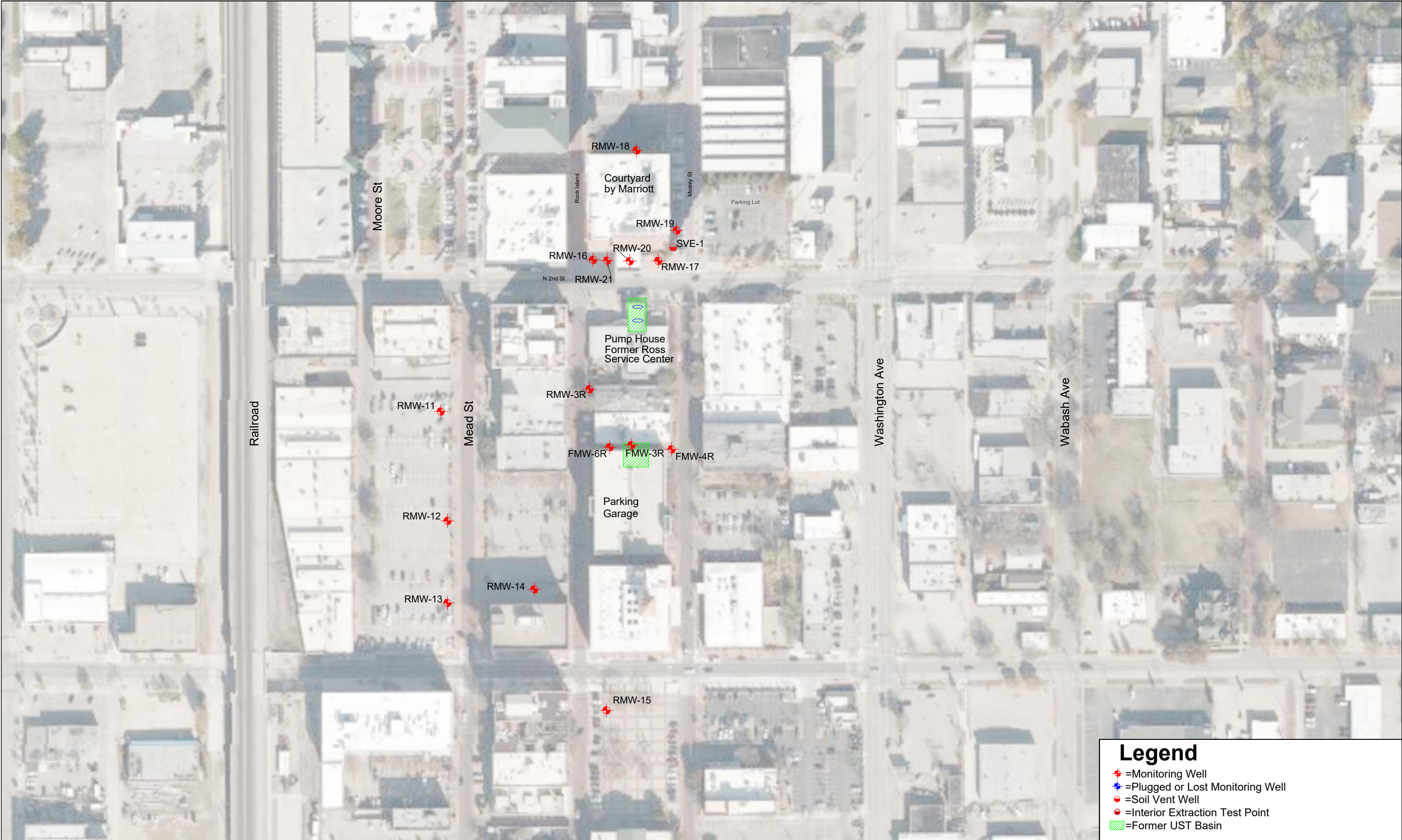
COMMENTS

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CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed reconstructed pursuant to the stated water well contractor's license and was completed on _____. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of _____, Kansas Water Well Contractor's License No. _____ under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal: _____.

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.



Legend

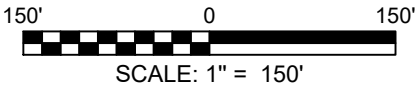
- =Monitoring Well
- =Plugged or Lost Monitoring Well
- =Soil Vent Well
- =Interior Extraction Test Point
- =Former UST Basin



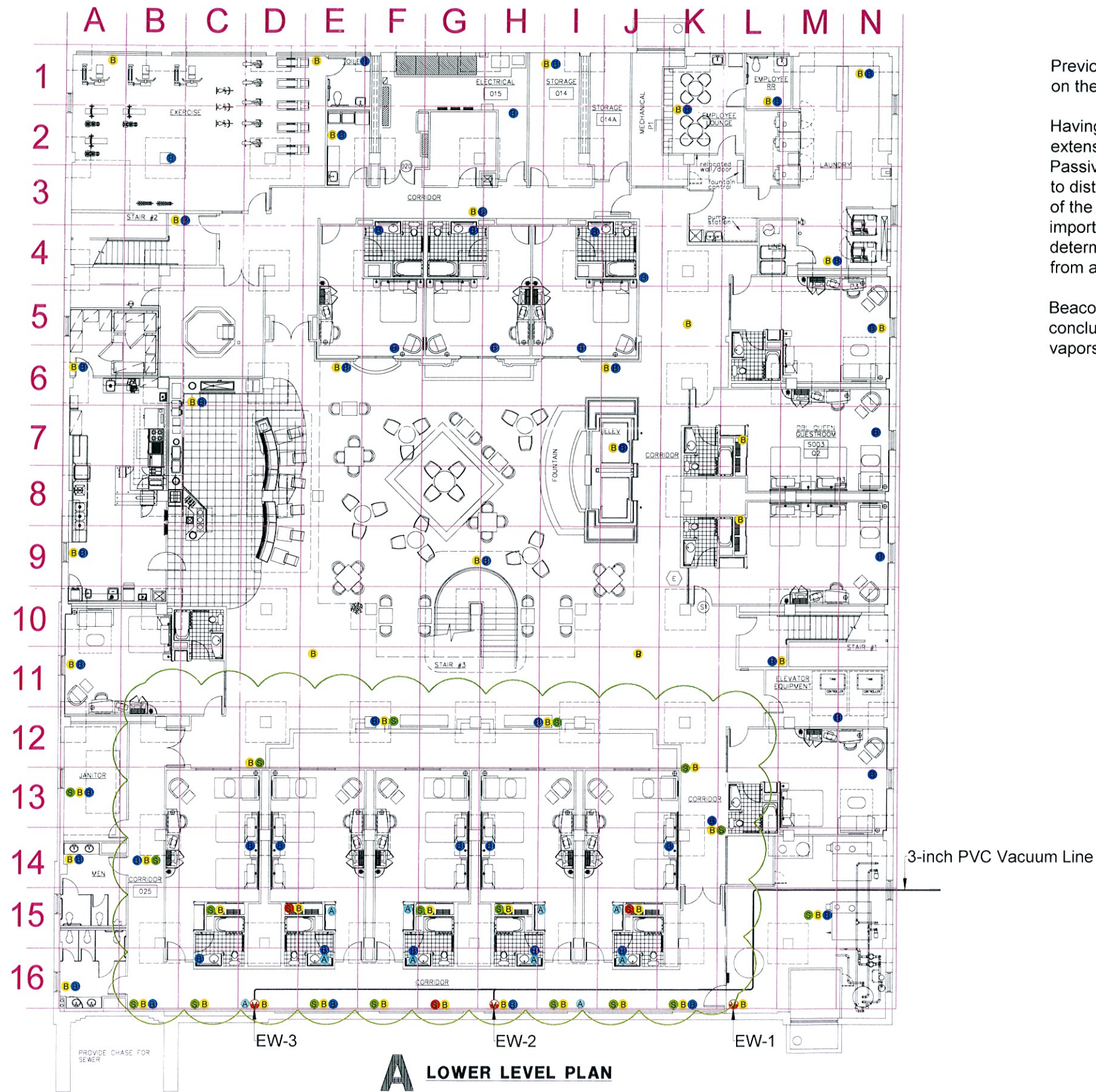
FIGURE: 1
DATE: 6/22/2022
DRAWN BY: SGE

FIGURE NAME: Site Base Map
PROJECT NUMBER: 127321A
PROJECT MANAGER: SGE

ROSS SERVICE CENTER
825 E. 2ND STREET, WICHITA, KS
KDHE #: U2-087-00202



ALL LOCATIONS AND BOUNDARIES ARE APPROXIMATE



Previous sampling has determined that a problem exists in the area indicated on the floor plan. Previous samples locations are indicated on the floor plan.

Having determined a problem exists, the next step is to determine how extensive the problem is. To that end GSI has placed locations for Beacon Passive Samplers for both sub-slab and ambient air sampling. GSI has tried to distribute the sampler locations to cover the entire lower level. Modification of the sampler locations can be made to better conceal the installation. It is important to determine the extent of contamination is defined to better determine where vapors need to be collected and prevent liberation of vapors from areas adjacent to points of extraction.

Beacons Samplers will be placed in the existing vapor pins locations after the conclusion of vapor recovery testing. The samplers will be allowed to collect vapors for a period of 14 days.

Legend

- ✦ =Monitoring Well
- ✦ =Proposed Monitoring Well
- ✦ =Plugged or Lost Monitoring Well
- =Soil Vent Well
- =Ambient Air Sample
- =Proposed Sub Slab Vapor Pin
- =Existing Sub Slab Vapor Pin
- =Interior Extraction Test Point
- =Proposed Beacon Sub Slab Sample Point
- =Proposed Beacon Ambient Air Sample Point
- =Radius of Influence
- =Area of Known Impact

