

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: from _____ to _____ ft. | Borehole diameter: _____ 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 |
|------|----|---------------------|
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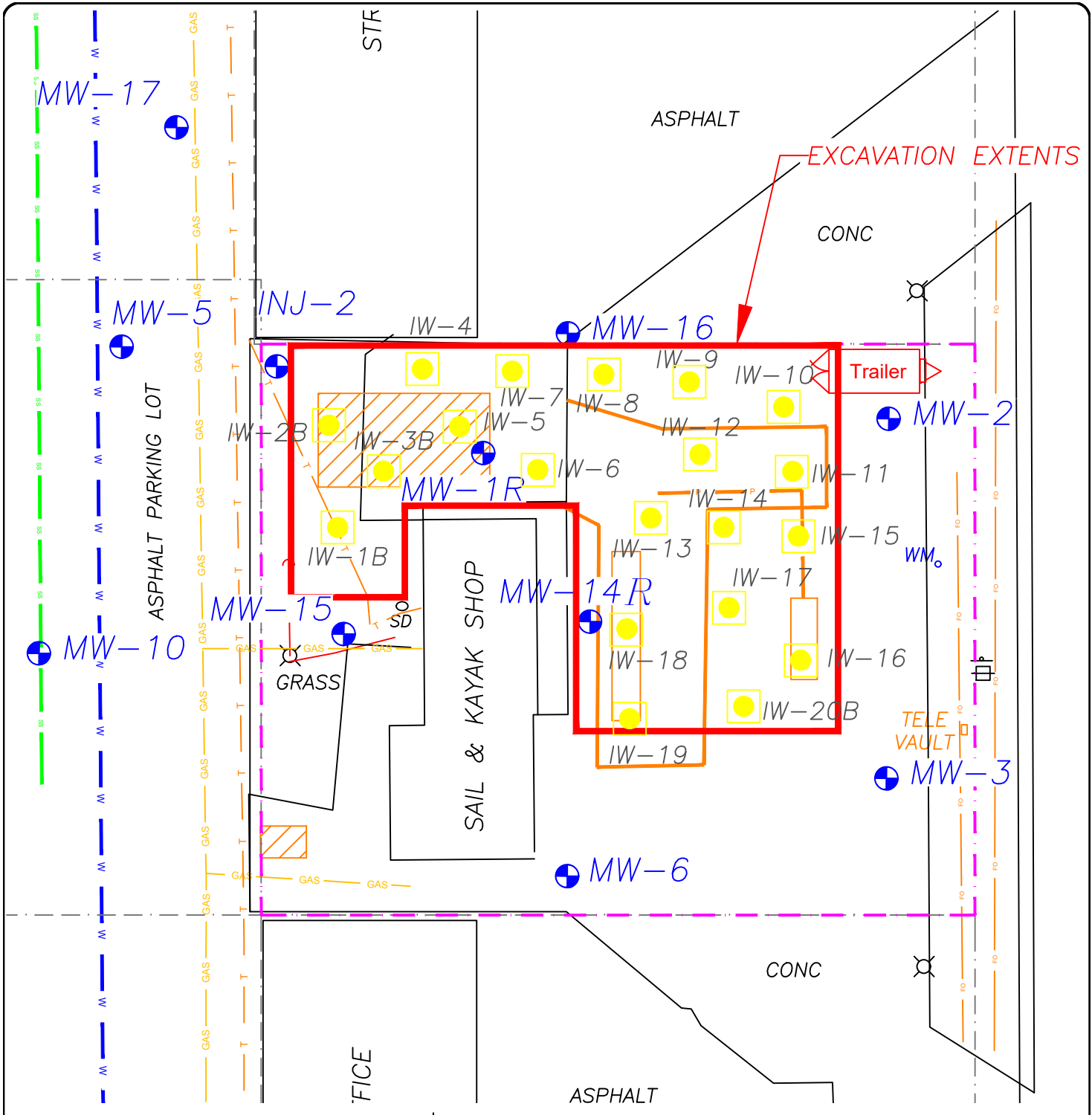
COMMENTS

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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:

- ⊕ MW-4 MONITORING WELL
- ⊙ IW-7 OXYGEN INJECTION WELL
- PROPERTY LINES
- - - - - APPROXIMATE SITE BOUNDARY
- FORMER UST BASIN/PUMP ISLANDS/PRODUCT LINES
- OVERHEAD ELECTRIC/TELEPHONE LINE
- SANITARY SEWER LINE (APPROX. DEPTH 2-6')
- GAS LINE (APPROX. 2 TO 6')
- PHONE/FIBER OPTIC LINE (APPROX. 1.5 TO 3')
- WATER LINE (APPROX. 2-6')

NOTES:
 1. LOCATION OF UTILITIES ARE APPROXIMATE, BASED ON PRIOR SITE MAPS PROVIDED BY KDHE.
 2. AERIAL SOURCE: GOOGLE EARTH (2021).



SCS ENGINEERS
ENVIRONMENTAL CONSULTANTS AND CONTRACTORS
 8575 West 110th Street
 Overland Park, Kansas 66210

FIGURE 1.3
 SITE BASE MAP
 Former Coastal Mart #1161
 425 South Parker, Olathe, Kansas

| | | | | | | | |
|--------------|-----|------|----------|------------|----------------------------|----------|-------------|
| Project Mgr. | SLM | Date | 2/7/2023 | KDHE Code: | U4-046-01525 | Proj No. | 27218273.01 |
| Scale: | | | | File Name | Coastal Mart #1161 SRP.dwg | | |