

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

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

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

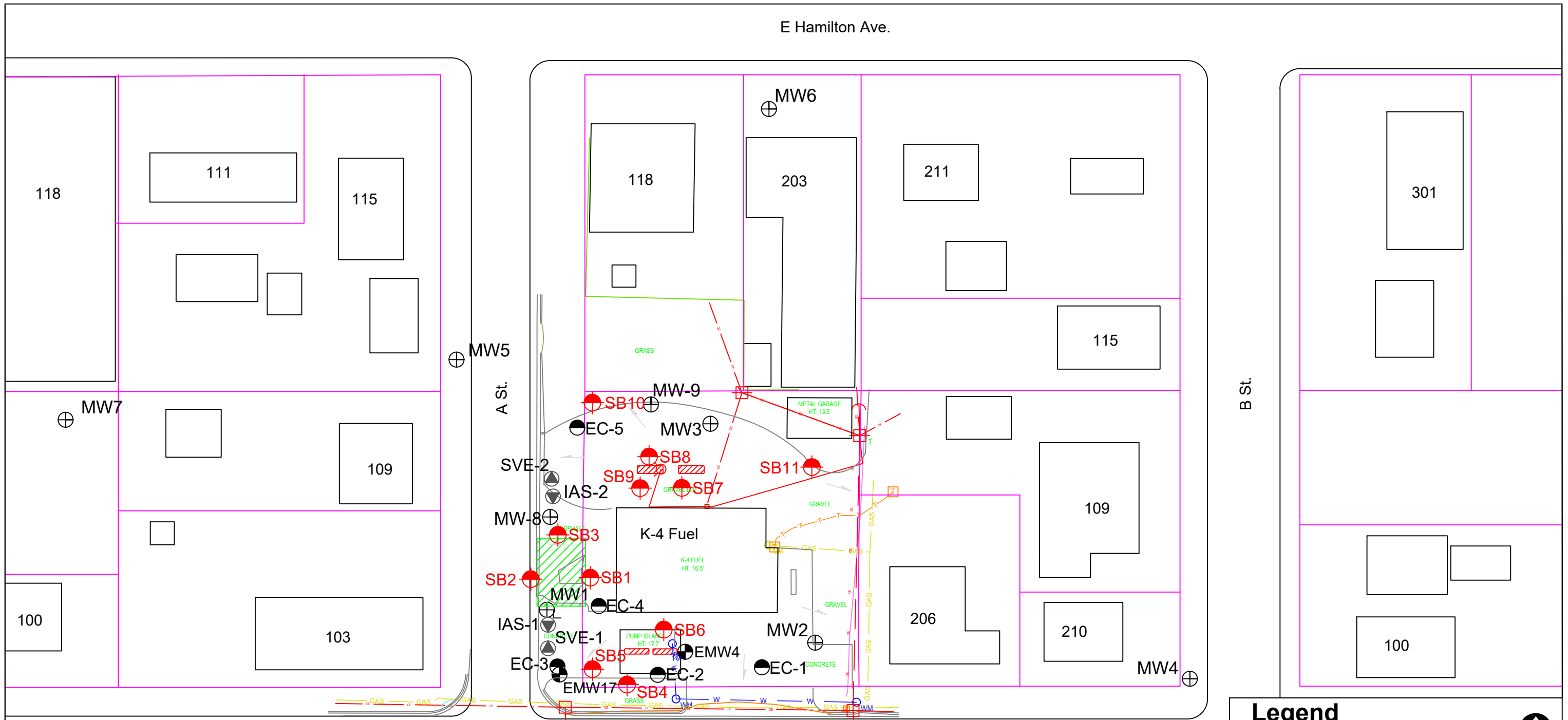
This water well was constructed reconstructed pursuant to the stated water well contractor's license and was completed on _____. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of _____, Kansas Water Well 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.

Form	WWC5.2 - Water Well Record
Doc ID	1714730
Well Owner	KDHE - BER
Contractor	GSI Engineering, LLC

Lithology

From	To	Lithology Intervals
0	.5	other, concrete
.5	10	clay-lean, dark gray, stiff, no moisture, no odor
10	15	clay-lean, reddish brown, stiff, no moisture, no odor
15	20	clay-fat, reddish brown, stiff, no moisture, no odor
20	25	clay-fat, reddish brown, stiff, moisture, slight odor
25	30	clay-fat, brown, stiff, saturated, strong odor
30	35	clay-fat, brown, stiff, wet, strong odor
35	42	clay-fat, brown, stiff, saturated, strong odor



Legend

- K-4 MONITORING WELL
- CLAFLIN COOP WELL
- ESSMILLER MONITORING WELL
- IAS WELL
- SVE WELL
- EC BORING
- LSA SOIL BORING (APRIL 2022)
- UST
- PUMP ISLAND
- OE OVERHEAD ELECTRIC & CABLE TV LINE
- W WATER LINE
- GAS GAS LINE
- TELEPHONE
- PROPERTY LINE

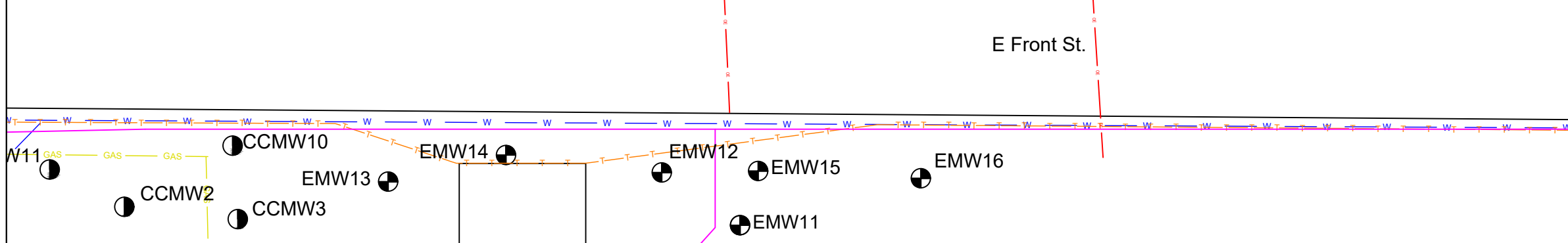


FIGURE: 1.1	FIGURE NAME: Site Base Map
DATE: 06/29/2023	PROJECT NUMBER: 22W2052.01
DRAWN BY: HS	PROJECT MANAGER: SGE

K-4 Fuel
200 E Front St.
Clafin, Kansas
KDHE #: U6-005-15448

