

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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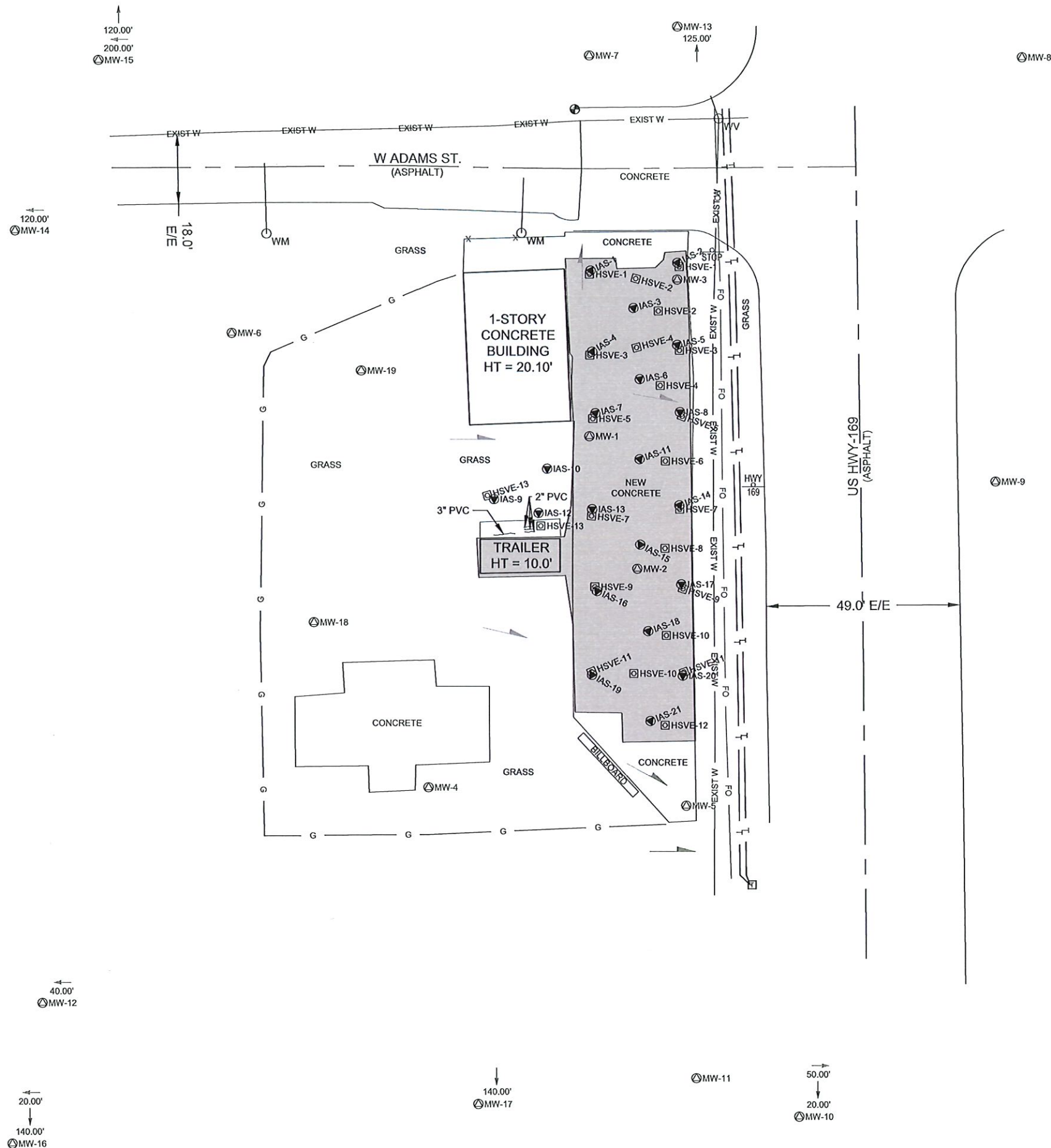
CONTRACTOR'S OR LANDOWNERS CERTIFICATION

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.

REMEDIAL SITE SURVEY

FORMER COLORADO OIL & GAS
COFFEYVILLE, KANSAS

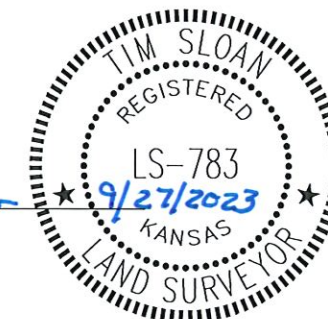


LEGEND

FO	FIBER OPTIC	⊕	SITE BENCHMARK
T	TELEPHONE LINE	→	DRAINAGE DIRECTION
EXIST W	WATERLINE	⊙ MW-1	MONITORING WELL
G	GAS LINE	⊙ IAS-1	INJECTION AIR SPARGE
X X	CHAIN LINK FENCE	⊙ HSVE-1	HORIZONTAL SOIL VAPOR EXTRACTION
T	TELEPHONE VAULT	○ WM	WATER METER
⊖	STREET SIGN	○ WV	WATER GATE VALVE

SMH Consultants
By: Tim Sloan

Tim Sloan
Tim Sloan, P.S.
Vice-President



SCALE: 1"=30'
0 15' 30'



SMH
CONSULTANTS

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Drawn By:RJC Project #2308-0287 TDS #94