

**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

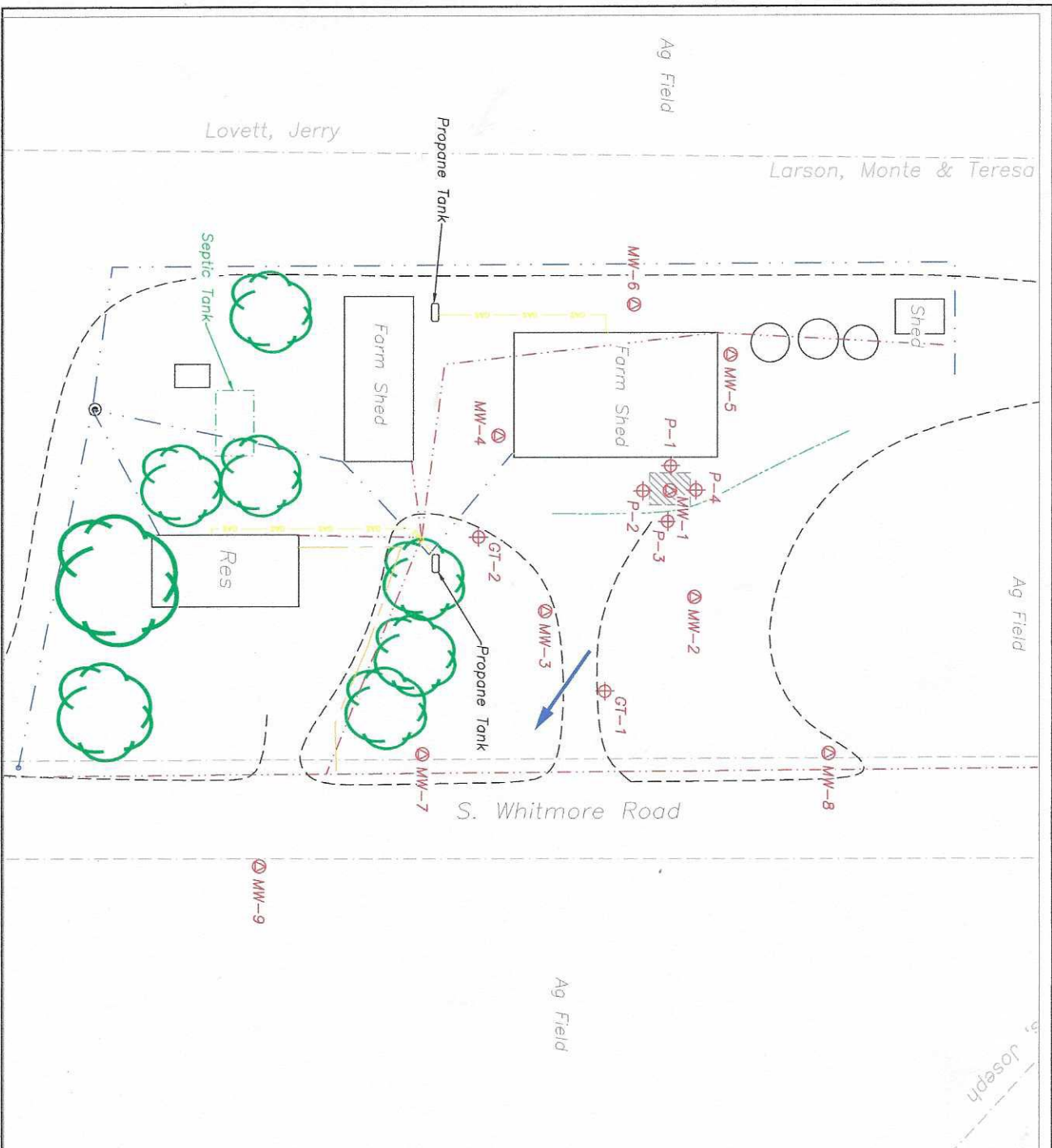
**COMMENTS**

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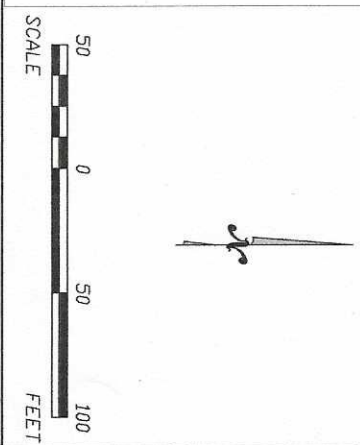
**CONTRACTOR'S OR LANDOWNERS CERTIFICATION**

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



- LEGEND:**
- ◆ PROPOSED SOIL SAMPLE PROBE
  - ⊕ PROPOSED MONITORING WELL
  - ⊙ DOMESTIC WELL (INACTIVE: SITE ON RURAL WATER)
  - FORMER LUST BASIN
  - APPROXIMATE PROJECT SITE BOUNDARY
  - PROPERTY LINE/OWNERS
  - FENCE LINE
  - OVERHEAD ELECTRIC LINE
  - GAS LINE (APPROX. 1.5-3')
  - TELEPHONE LINE (APPROX. 1.5 TO 3')
  - WATER LINE (APPROX. 2-6')
  - STORM SEWER LINE (APPROX. 1.5 TO 3')
  - GROUNDWATER FLOW DIRECTION (PRESUMED)
- NOTES:**
- UTILITY LOCATIONS/DEPT'S AND FORMER LUST BASIN ARE APPROXIMATE. LOCATIONS WILL BE VERIFIED BY FIELD SURVEY PRIOR TO CONSTRUCTION. LIMITED SITE OBSERVATIONS AND PRIOR MAPS PROVIDED BY KOHLER.
  - UP TO NINE MONITORING WELLS WILL BE INSTALLED. PER THE SCOPE OF WORK, DEPENDENT ON SITE CONDITIONS. AT THIS TIME ONLY MW-1 THROUGH MW-9 ARE PROPOSED FOR INSTALLATION. ADDITIONAL WELLS MAY BE REQUIRED FOR INSTALLATION. MODULATE ADDITIONAL WELLS ARE NEEDED FOR DETERMINATION.



<b>FIGURE 1 - SITE MAP</b>		<b>STAN &amp; JOAN KOGLER TRUST (FARM)</b> (US-085-15475) 2852 S. WHITMORE ROAD SALINA, KANSAS		<b>SCS ENGINEERS</b> 8575 West 110th Street, Suite 100 Overland Park, Kansas 66210		R5 R4 R3 R2 R1 R0	5BY 4BY 3BY 2BY 1BY 0BY	REV DATE BY DESCRIPTION
NOV 0	DRAWING NUMBER 1	PROJECT NUMBER 27223392.00	DRAWN BY LAM DESIGNED BY LAM CHECKED BY LAM DATE 8/28/2023	PROJECT MAP: SLW				