

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

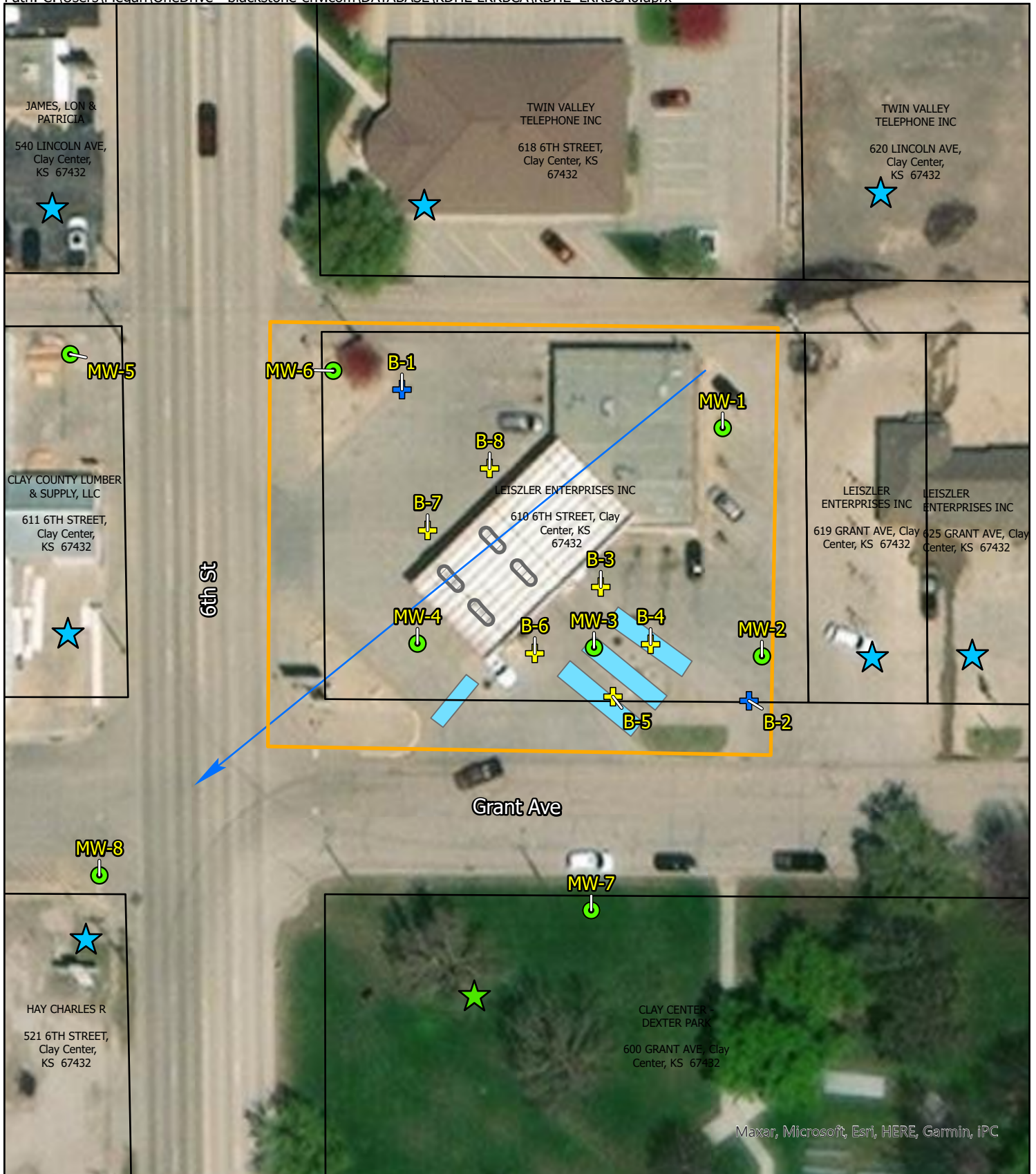
COMMENTS

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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.



Proposed Monitoring Well	Former UST Basin	Commercial
Proposed Soil Boring	Parcel Boundary	Residential
Proposed Geotech Boring	Site Boundary	Recreational
GW Flow Direction	Former Pump Islands	

FIGURE 2.1	Project Mgr. TF	Date: 8/3/2023
	Designed By: MO	Rev.:
	Drawn By: MO	Rev.:
	Checked By: TF	Rev.:
	Job No.: 3397.02	Rev.:



SHEET NAME	Detailed Site Map
PROJECT NAME	LSA Work Plan
PROJECT LOCATION	610 6th Street, Clay Center, KS

PROJECT NAME	Short Stop #1
KDHE PROJECT CODE	U5-014-15423
SCALE	1" = 50'