

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

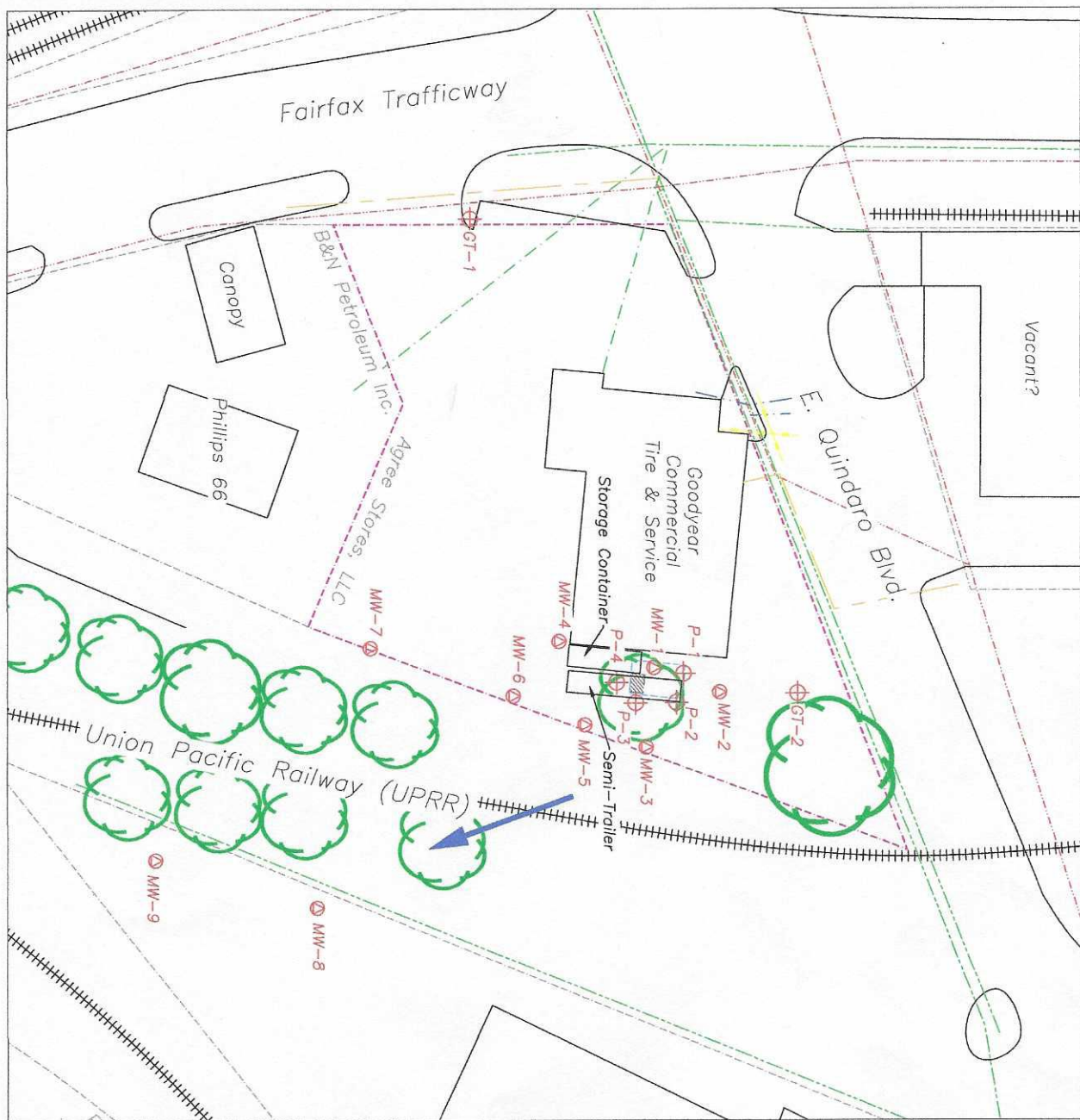
FROM	TO	LITHOLOGY INTERVALS

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.



- LEGEND:**
- PROPOSED SOIL SAMPLE PROBE
 - PROPOSED MONITORING WELL
 - APPROXIMATE PROJECT SITE BOUNDARY
 - FORMER USE BASIN
 - APPROXIMATE USE EXCAVATION BOUNDARY
 - PROPERTY LINE/OWNERS
 - FENCE LINE
 - OVERHEAD ELECTRIC LINE
 - GAS LINE (APPROX. 1.5 TO 3')
 - FIBER OPTIC (APPROX. 1.5 TO 3')
 - WATER LINE (APPROX. 2-6')
 - STORM SEWER LINE (APPROX. 1.5 TO 3')
 - SANITARY SEWER LINE (APPROX. 2-6')
 - GROUNDWATER FLOW DIRECTION (PRESUMED)
- NOTES:**
1. UTILITY LOCATIONS/DEPTHS AND FORMER USE(S) ARE APPROXIMATE, BASED ON LIMITED SITE OBSERVATIONS AND REVIEW OF HISTORICAL RECORD PHOTOGRAPHS.
 2. UP TO NINE MONITORING WELLS WILL BE INSTALLED PER THE APPROXIMATE PROJECT SITE BOUNDARY. THE ONLY MW-1 THROUGH MW-5 ARE PROPOSED FOR INSTALLATION. MW-6 THROUGH MW-9 MAY BE INSTALLED IF FIELD CONDITIONS INDICATE ADDITIONAL WELLS ARE NEEDED FOR DEMONSTRATION.

FIGURE 1 - SITE BASE MAP

OWNER: GOODYEAR COMMERCIAL TIRE & SERVICE
 (U4-105-15588)
 2703 FAIRFAX TRAFFICWAY
 KANSAS CITY, KANSAS

DRAWN BY: LAM DESIGNED BY: LAM PROJECT MGR: SLJ

CLIENT/FILE NAME: DATE: 27223538.00 GOODYEAR_KCK_WP_FIGS.DWG 1/9/2024

SCS ENGINEERS
 8575 West 110th Street, Suite 100
 Overland Park, Kansas 66210

RE	5BY	11	
R4	4BY	11	
R3	3BY	11	
R2	2BY	11	
R1	1BY	11	
RD	0BY	11	
REV.	DATE	BY	DESCRIPTION

REV: 0	DRAWING NUMBER: 1	PROJECT NUMBER: 27223538.00
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