

**WATER WELL RECORD (WWC-5)**

KOLAR DOC ID \_\_\_\_\_ WELL ID \_\_\_\_\_

**LOCATION OF WATER WELL**

|          |  |           |  |         |  |          |  |       |  |        |          |   |   |   |
|----------|--|-----------|--|---------|--|----------|--|-------|--|--------|----------|---|---|---|
| Latitude |  | Longitude |  | Section |  | Township |  | Range |  | E<br>W | Fraction | ¼ | ¼ | ¼ |
| Datum    |  | Elevation |  | County  |  |          |  |       |  |        |          |   |   |   |

**WATER WELL OWNER**

|                                     |  |
|-------------------------------------|--|
| Name                                |  |
| Business                            |  |
| Address                             |  |
| Well location<br>at owner's address |  |

**WELL WATER USE**

|  |
|--|
|  |
|--|

**WELL INFORMATION**

|  |
|--|
| Depth of well: _____ ft.   |
| Dry well   |
| Static water level in well: _____ ft.<br>measured below land surface<br>on (mm/dd/yy): _____ |
| measured above land surface<br>on (mm/dd/yy): _____  |

**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: _____ |

**CASING**

|  |
|--|
| Type of blank casing used: _____   |
| Casing type details: _____   |
| Blank casing diameter: _____ inches  |
| Was casing removed? Yes No   |
| Top of casing is currently _____ feet<br>_____ ground  |
| Reason required if top of casing is now less than 5 feet below ground surface for a hand dug well or less than 3 feet below ground surface for all other types of wells. |

**GROUT & PLUGGING MATERIALS**

| Grout or Plugging interval (ft.) |    | Material | Description |
|----------------------------------|----|----------|-------------|
| From                             | To |          |             |
|                                  |    |          |             |
|                                  |    |          |             |
|                                  |    |          |             |
|                                  |    |          |             |
|                                  |    |          |             |
|                                  |    |          |             |
|                                  |    |          |             |
|                                  |    |          |             |

**COMMENTS**

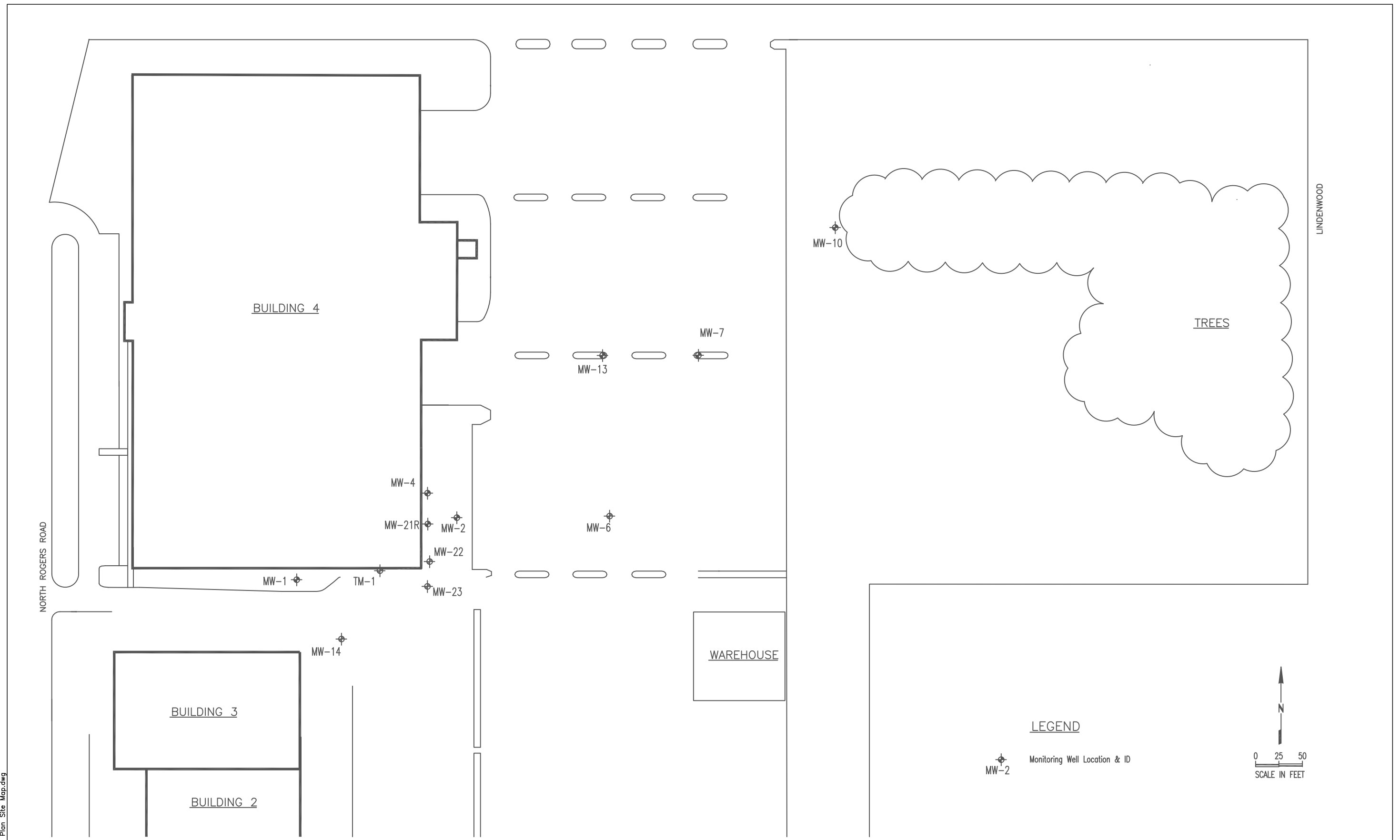
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**CONTRACTOR'S OR LANDOWNERS CERTIFICATION**

|  |
|--|
| <p>This water well was plugged 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 _____.</p> |
|--|

Send one copy to WATER WELL OWNER and retain one for your records.

FIGURE 1 - 2011 Monitoring Plan Site Map.dwg



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| NO. | DATE | REVISIONS                  | BY | CHK |
|-----|------|----------------------------|----|-----|
| 0   | 4/11 | 2011 Site Wide Mon. Report |    |     |

|           |     |             |          |
|-----------|-----|-------------|----------|
| DRAWN:    | PAM | PROJECT NO: | 32820161 |
| ENGINEER: | KEG | SCALE:      | AS SHOWN |
| CHECKED:  |     | APPROVED:   |          |
| DATE:     |     | DATE:       |          |



HONEYWELL INTERNATIONAL, INC  
FORMER ALLIED SIGNAL FACILITY  
  
OLATHE, KANSAS

GENERAL  
FIGURE 1  
IMPLEMENTATION PLAN FOR  
GROUNDWATER FACILITY MAP  
MARCH, 2020

DRAWING NO: