

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

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

**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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**WELL INFORMATION**

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

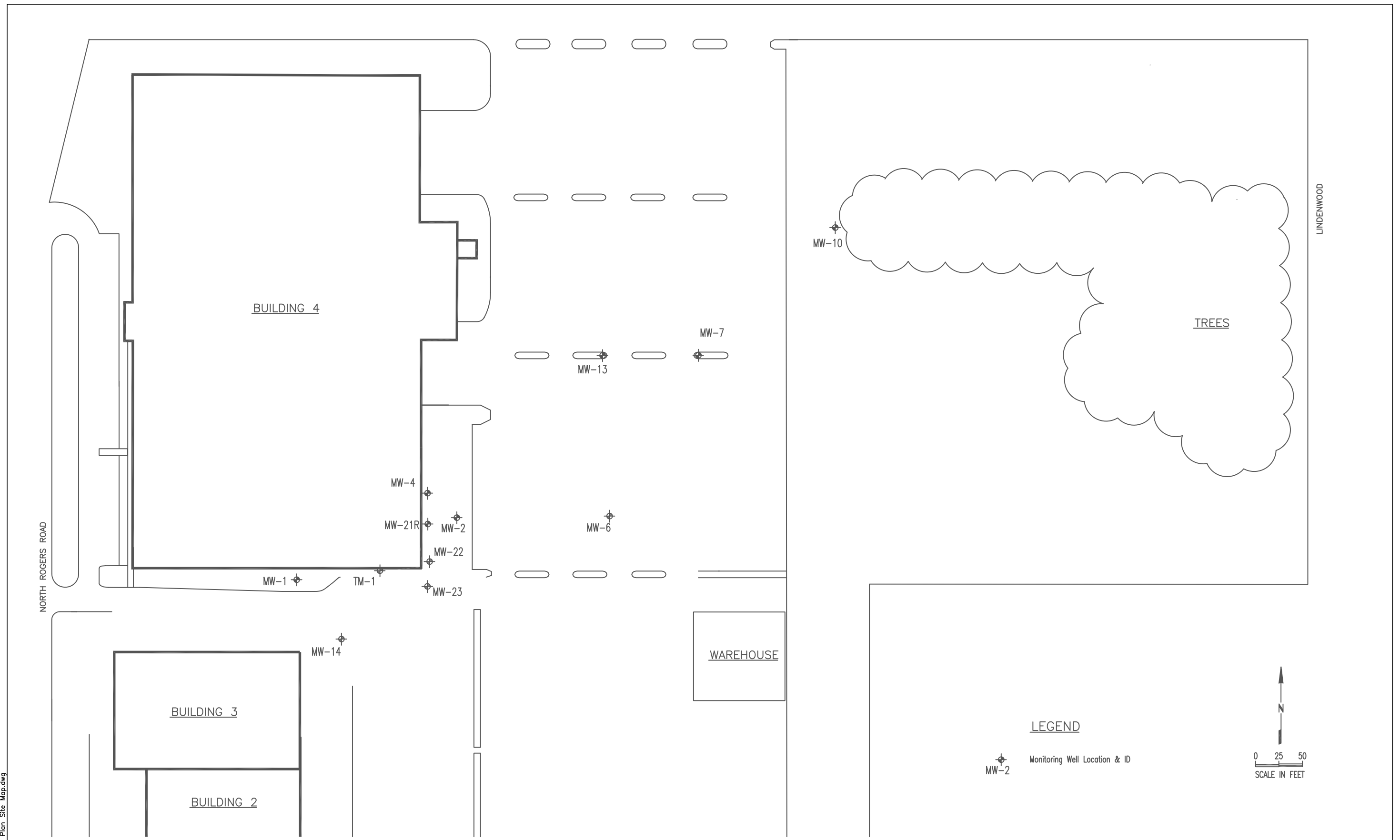
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**CONTRACTOR'S OR LANDOWNERS CERTIFICATION**

<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>
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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: