

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

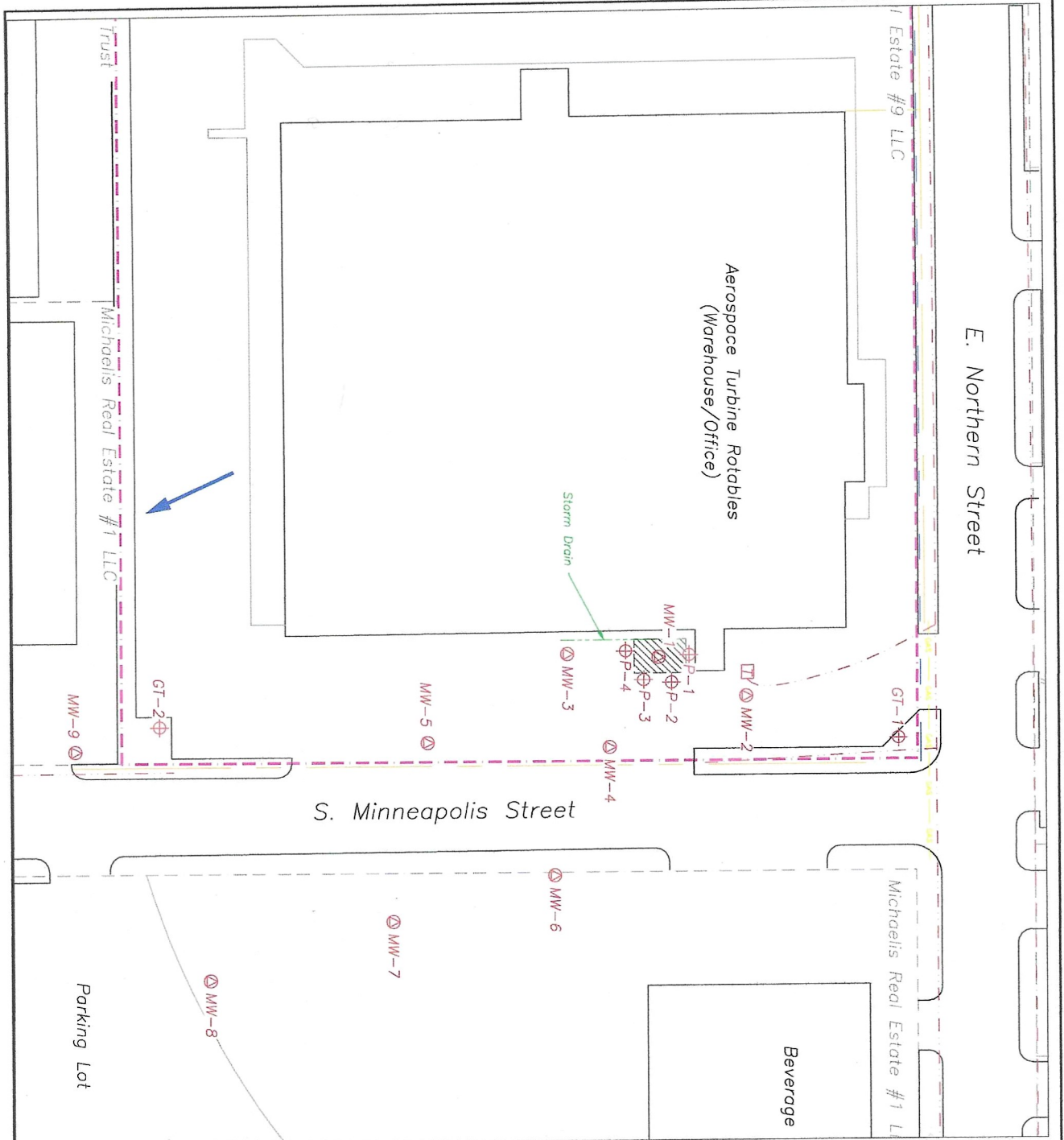
FROM	TO	LITHOLOGY INTERVALS

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 PROBE
 - ⊙ PROPOSED MONITORING WELL
 - ▨ FORMER LST BASIN
 - APPROXIMATE PROJECT SITE BOUNDARY
 - APPROXIMATE PROPERTY LINE/OWNERS
 - FENCE LINE
 - OVERHEAD ELECTRIC LINE
 - GAS LINE (APPROX. 1.5-3')
 - TELEPHONE LINE (APPROX. 1.5 TO 3')
 - WATER SEWER LINE (APPROX. 2-6')
 - STORM SEWER LINE (APPROX. 1.5 TO 3')
 - GROUNDWATER FLOW DIRECTION (PRESUMED)
- NOTES:**
1. UTILITY LOCATIONS/DEPTHS AND FORMER LST BASIN ARE APPROXIMATE. BASED ON LIMITED SITE OBSERVATIONS AND PROX MAPS PROVIDED BY OWNER.
 2. AT THIS TIME, ONLY MW-1 THROUGH MW-5 ARE RECORDED. FIELD CONDITIONS INDICATE ADDITIONAL WELLS ARE NECESSARY FOR DELINEATION.



FIGURE 1 - SITE MAP

REV: 0	DRAWING NUMBER: 1	PROJECT NUMBER: 27223573.00	CLIENT:	FOXMEYER (U2-087-00330) 1919 EAST NORTHERN WICHITA, KANSAS	SCS ENGINEERS 8575 West 110th Street, Suite 100 Overland Park, Kansas 66210	RS	1BY		
			DRAWN BY: LAM	RECORDED BY: LAM		PROJECT MGR: SLM	R4	4BY	
			ELECTRONIC FILE NAME:	27223573.00_FOXMEYER_WP_FIGS_V2.DWG		R3	3BY		
			DATE:	1/29/2024		R2	2BY		
						R1	1BY		
						RO	0BY		
						REV.	DATE	BY	DESCRIPTION