

**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

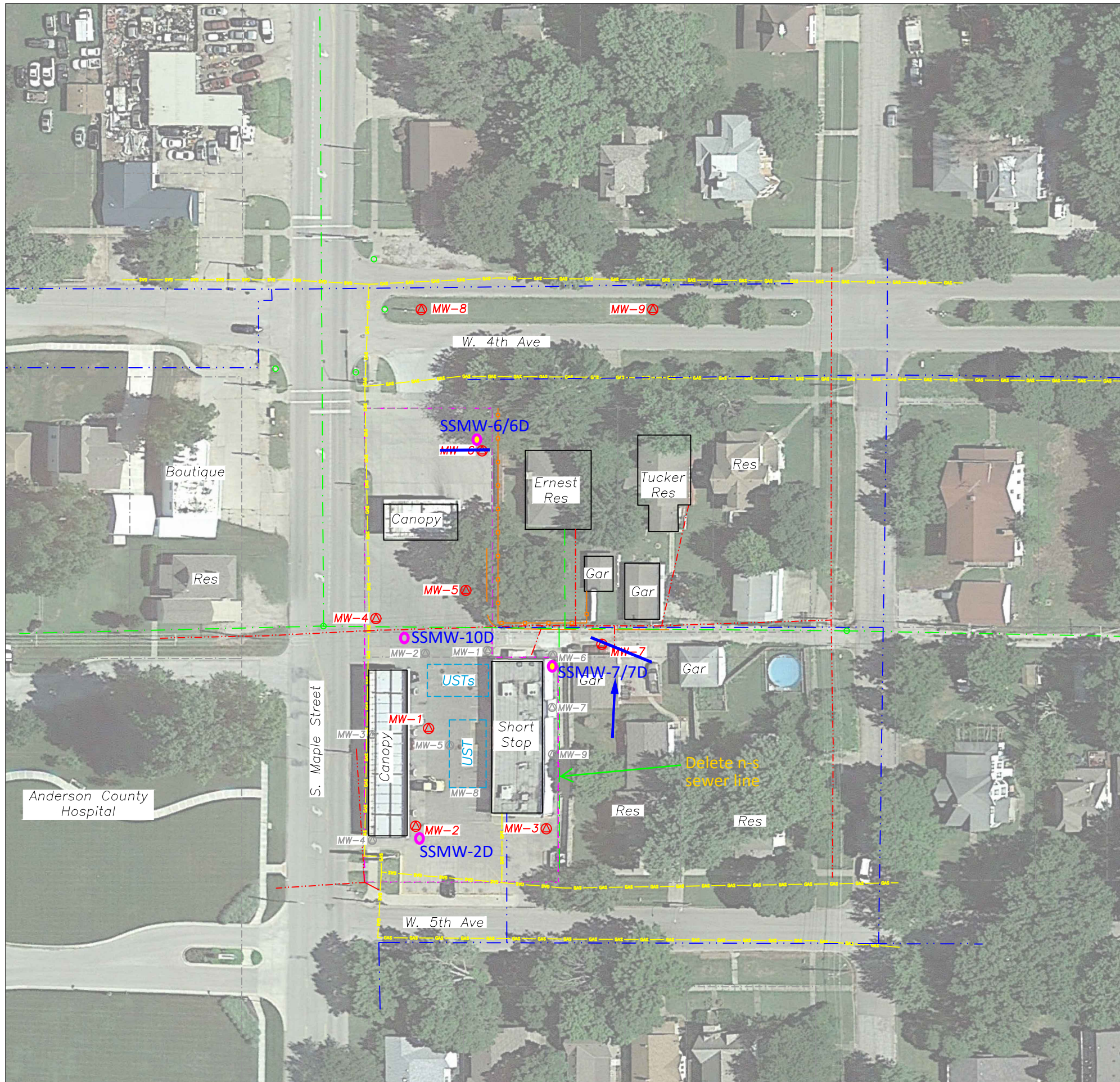
**COMMENTS**

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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: _____.
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Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

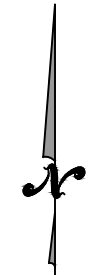


- LEGEND:**
- Proposed Sonic Boring/Monitoring Well
  - ⊙ PROPOSED MONITORING WELL
  - ⊙ PLUGGED MIKE'S TEXACO WELL
  - APPROXIMATE PROJECT SITE BOUNDARY
  - CURRENT UST BASIN/PRODUCT LINES
  - PROPERTY LINE/OWNERS
  - FENCE LINE
  - OVERHEAD ELECTRIC LINE
  - GAS LINE (APPROX. 1.5-3')
  - FIBER OPTIC (APPROX. 1.5 TO 3')
  - WATER LINE (APPROX. 2-6')
  - STORM SEWER LINE (APPROX. 1.5 TO 3')
  - SANITARY SEWER LINE (APPROX. 8')
  - GROUNDWATER FLOW DIRECTION (PRESUMED)

**NOTES:**

1. UTILITY LOCATIONS/DEPTHS AND LOCATION OF CURRENT USTs ARE APPROXIMATE, BASED ON LIMITED SITE OBSERVATIONS AND REVIEW OF HISTORICAL AERIAL PHOTOGRAPHS.

2. UP TO NINE MONITORING WELLS WILL BE INSTALLED, PER THE SCOPE OF WORK, DEPENDENT ON SITE CONDITIONS. AT THIS TIME ONLY MW-1 THROUGH MW-6 ARE PROPOSED FOR INSTALLATION; MW-7 THROUGH MW-9 MAY BE INSTALLED IF FIELD CONDITIONS INDICATE ADDITIONAL WELLS ARE NEEDED FOR DELINEATION.



<b>SCS ENGINEERS</b>		8575 West 110th Street, Suite 100 Overland Park, Kansas 66210
CLIENT: SHORT STOP EMG RESPONSE (U3-XX-XXXX) 420 S MAPLE STREET GARNETT, KANSAS	DRAWN BY: LAM    DESIGNED BY: LAM    PROJECT MGR: SJM ELECTRONIC FILE NAME: 27224052.00- <b>SHORT STOP EMG.DWG</b> DATE: 1/24/2024	
<b>FIGURE 2 - PROPOSED WELL LOCATIONS</b>		
REV: 0	DRAWING NUMBER: 2	
PROJECT NUMBER: 27224052.00	DATE: 1/24/2024	
REV. DATE	BY DESCRIPTION	
R5	5BY	
R4	4BY	
R3	3BY	
R2	2BY	
R1	1BY	
RO	0BY	