

**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

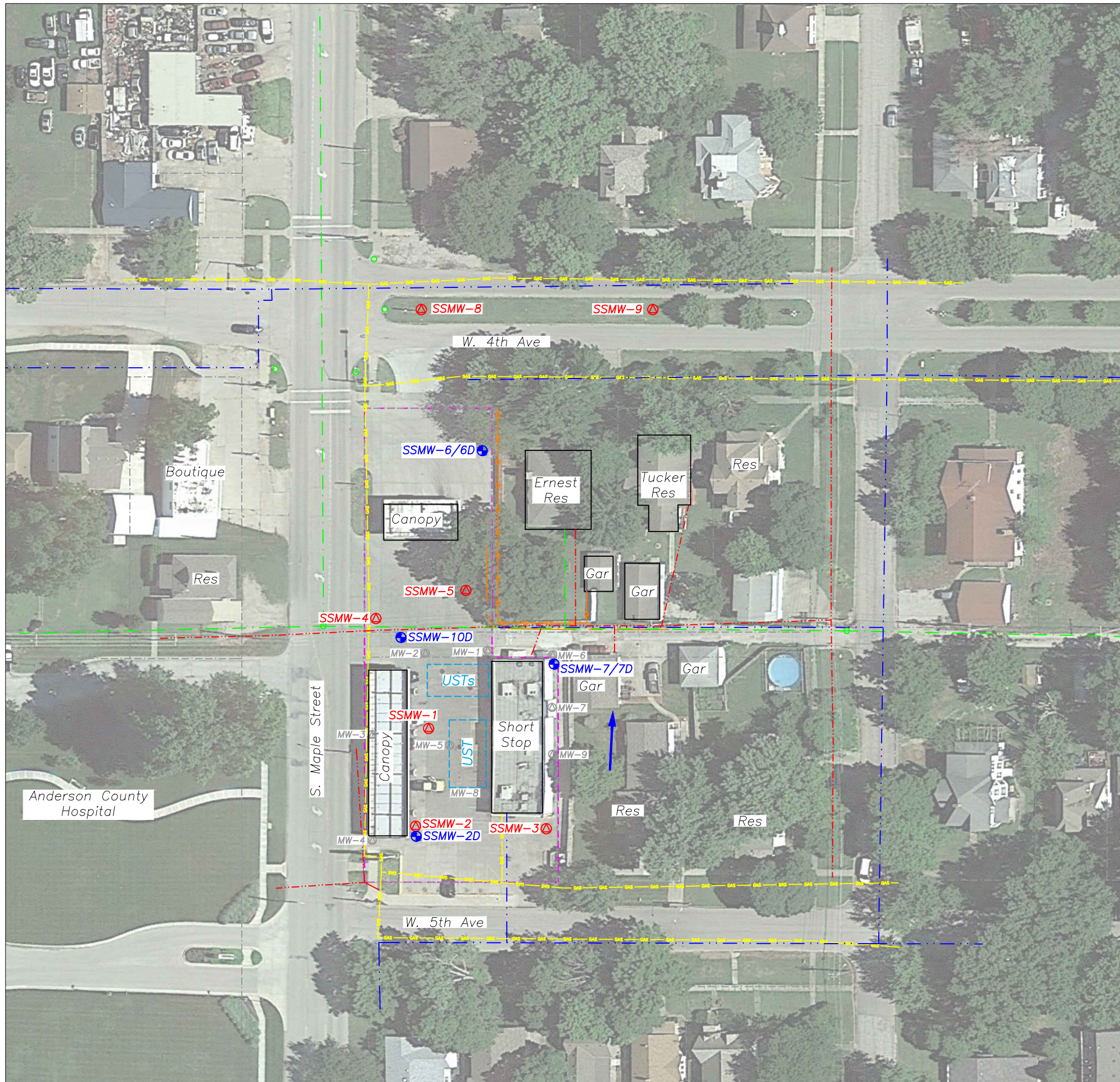
**COMMENTS**

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**CONTRACTOR'S OR LANDOWNERS CERTIFICATION**

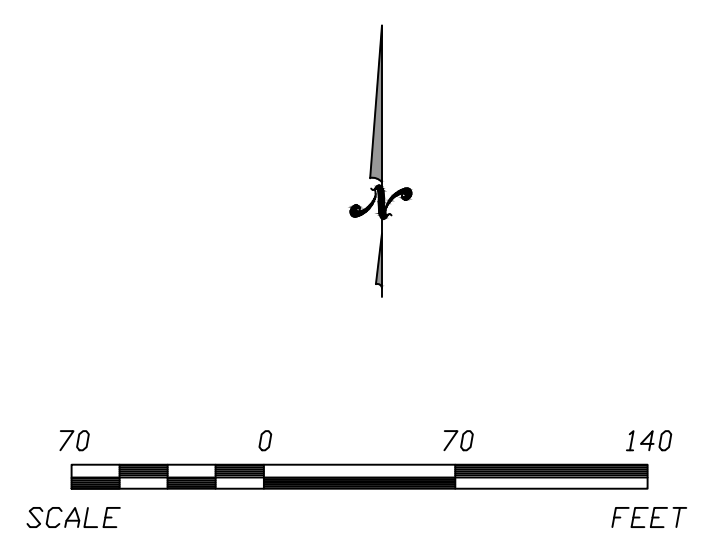
This water well was    constructed    reconstructed    pursuant to the stated water well contractor's license and was completed on _____. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of _____, Kansas Water 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 MONITORING WELL
  - 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.



<b>SCS ENGINEERS</b> 8575 West 110th Street, Suite 100 Overland Park, Kansas 66210		REV.	DATE	BY	DESCRIPTION
		R5			
<b>FIGURE 2 - PROPOSED WELL LOCATIONS</b>		R4			
		R3			
		R2			
		R1			
		R0			
CLIENT: SHORT STOP EMG RESPONSE (U3-XX-XXXX) 420 S. MAPLE STREET GARNETT, KANSAS		DESIGNED BY:	LAM	DATE:	1/24/2024
PROJECT MGR: SJM		DRAWN BY:	LAM	PROJECT MGR:	SJM
PROJECT NUMBER: 27224052.00		ELECTRONIC FILE NAME:	27224052.00-SHORT STOP EMG.DWG		
REV:	0	DRAWING NUMBER:	2		