

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

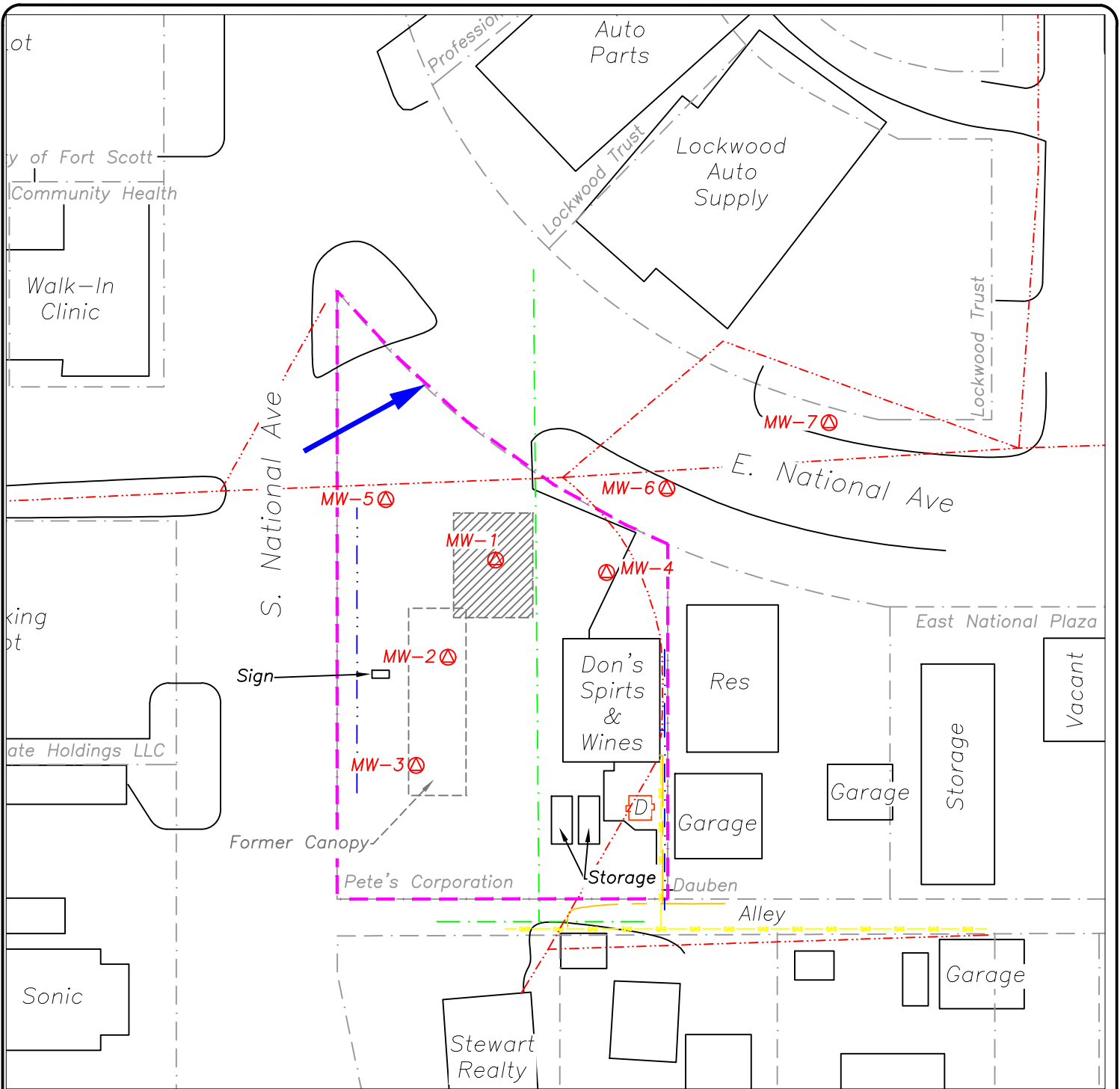
COMMENTS

--

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.



- ⊙ PROPOSED MONITORING WELL
- APPROXIMATE PROJECT SITE BOUNDARY
- FORMER UST BASIN/PRODUCT LINES, ETC.
- 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. 2-6')
- GROUNDWATER FLOW DIRECTION (PRESUMED)



NOTES:
 1. UTILITY LOCATIONS/DEPTHS AND FORMER UST(S) 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-5 ARE PROPOSED FOR INSTALLATION; MW-6 THROUGH MW-9 MAY BE INSTALLED IF FIELD CONDITIONS INDICATE ADDITIONAL WELLS ARE NEEDED FOR DELINEATION.

SCS ENGINEERS
 8575 West 110th Street, Suite 100
 Overland Park, Kansas 66210

**FIGURE 1 - SITE MAP
 FORT SCOTT SMOKE SHOP
 (U3-006-15462)
 1705 SOUTH NATIONAL
 FORT SCOTT, KANSAS**

Project Mgr.	SLM	Drawn By	LAM	Designed By	LAM	Project No.	27223561.00
Scale	AS SHOWN	Date	1/15/2024	File Name	27223561.00_Fort Scott Smoke		Drawing No.
						WP.dwg	1