

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

| |
|--|
| |
|--|

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

| |
|--|
| |
|--|

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> |
|--|

Send one copy to WATER WELL OWNER and retain one for your records.

NOTE: Figures exhibited within this report are only to be used within the context of this report. Placement of property lines, wells, structures, and roads is based on the available information from county appraiser maps, surveys, site visits, and/or previous vendor reports and should be considered approximate.

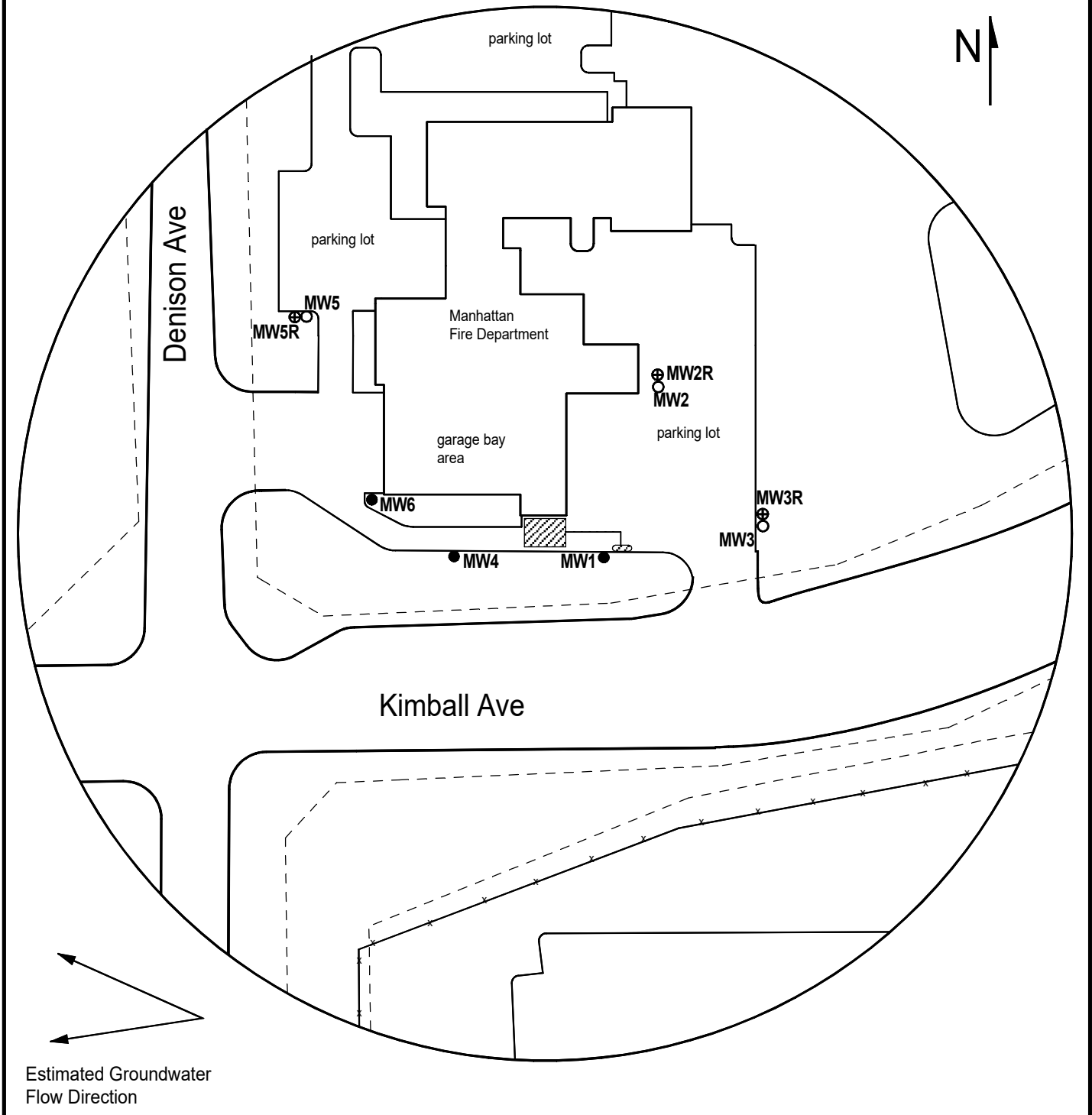






FIGURE 1 - 350 FT RADIUS AREA BASE MAP

LEGEND:

-  Approximate Location of Former UST Basin, Product Lines, and Pump Island
-  Existing Monitoring Well
-  Proposed Monitoring Well
-  Plugged Monitoring Well



PROJECT:
 Manhattan Fire Department
 2000 Denison Ave.,
 Manhattan, KS
 KDHE ID: U5-081-15433
 Date: 7/26/24

