

**WATER WELL RECORD (WWC-5)**

KOLAR DOC ID \_\_\_\_\_ WELL ID \_\_\_\_\_

**LOCATION OF WATER WELL**

|          |  |           |  |         |  |          |  |       |  |        |          |   |   |   |
|----------|--|-----------|--|---------|--|----------|--|-------|--|--------|----------|---|---|---|
| Latitude |  | Longitude |  | Section |  | Township |  | Range |  | E<br>W | Fraction | ¼ | ¼ | ¼ |
| Datum    |  | Elevation |  | County  |  |          |  |       |  |        |          |   |   |   |

**WATER WELL OWNER**

|                                         |  |
|-----------------------------------------|--|
| Name                                    |  |
| Business                                |  |
| Address                                 |  |
| Well location<br><br>at owner's address |  |

**WELL WATER USE**

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**WELL INFORMATION**

|                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Depth of well: _____ ft.                                                                                                                            |
| Dry well                                                                                                                                            |
| Static water level in well: _____ ft.<br>measured below land surface<br>on (mm/dd/yy): _____<br>measured above land surface<br>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<br>_____ 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.

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT**

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367  
(785) 296-3565 | K.S.A. 82a-1212 | v2022c

Source: Esri, Maxar, Earthstar Geographics, and the GIS User Community

### Legend

-  MW Gauge Only     Darby MW Gauge Only  
 MW Gauge/Sample     Darby MW Gauge/Sample  
 MW Abandoned     Post-CAS Annual MW Gauge/Sample  
 Active Area  
 General Motors  
 Inactive Area  
 Magellan Pipeline Company  
 Texwood Area



0                      500                      1,000

1 inch = 1,000 feet

**AECOM**

8300 College Blvd. Suite 200  
Overland Park, KS 66210

CLIENT: Phillips 66 Remediation Management

SITE: Former Phillips Refinery

TITLE: Post-CAS Groundwater Monitoring and Recovery System Network

DRAWN BY  
NLA

CHECKED BY  
KGS

APPROVED BY  
JW

PROJECT No.  
60735045

DATE  
SEPT. 2024

FIGURE NO  
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