

**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

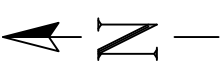
**COMMENTS**

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**CONTRACTOR'S OR LANDOWNERS CERTIFICATION**

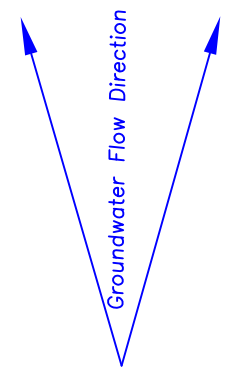
This water well was    constructed    reconstructed    pursuant to the stated water well contractor's license and was completed on _____. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of _____, Kansas Water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

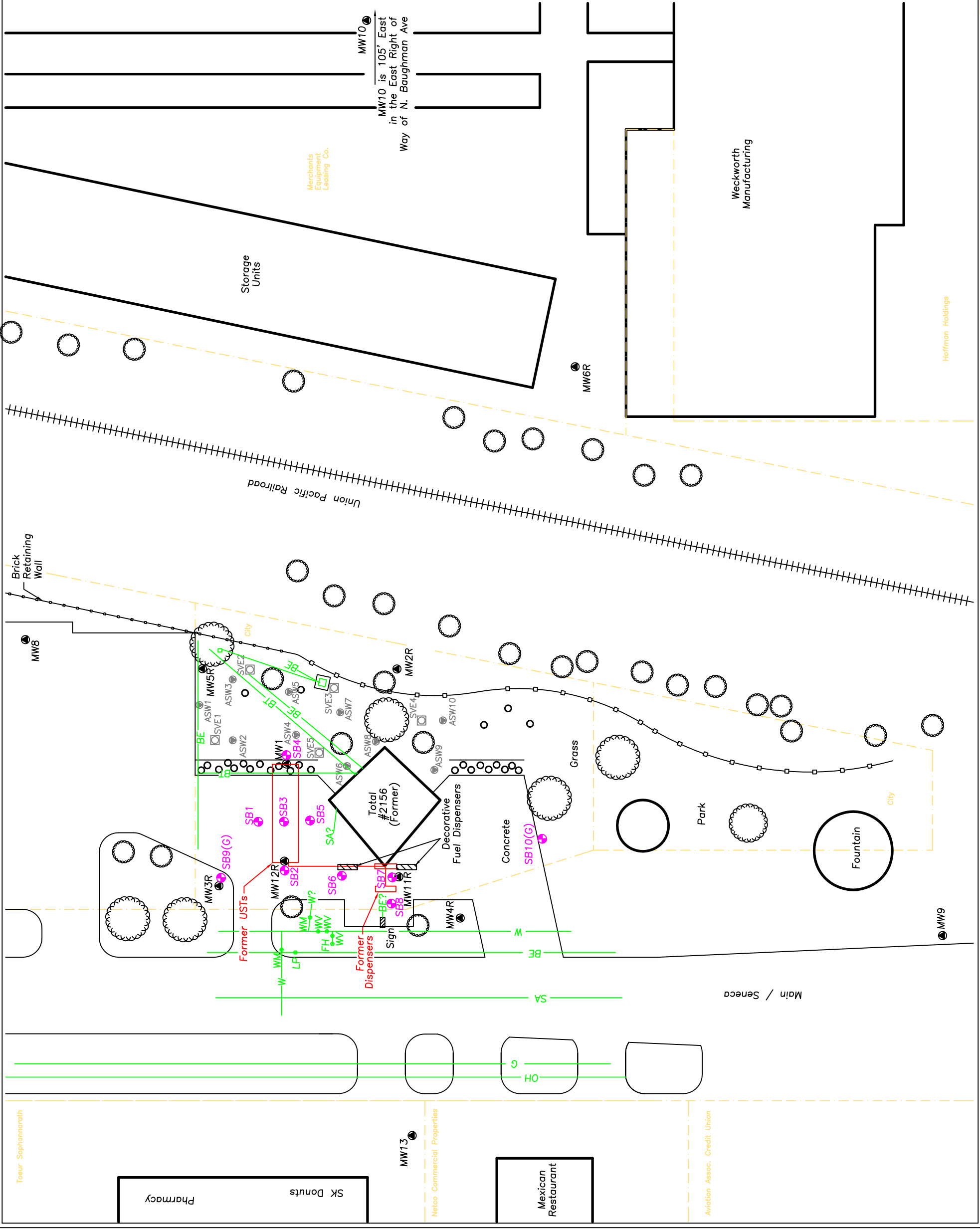


Legend

- Existing Monitoring Well
- ◻ Plugged SVE Well
- ◻ Plugged AS Well
- ASW1
- SB4 (G) - Soil Boring
- SB4 (G) - Geotechnical Boring
- Property Line
- Mead — Property Owner's Name
- ST — Storm Sewer (~2' Deep)
- OH — Overhead Power Line
- SA — Sanitary Sewer Line (~4' deep)
- BT — Buried Telephone Line (~3' deep)
- W — Water Line (~4' deep)
- G — Gas Line (~3' deep)
- BE — Buried Electric Line (~2' deep)
- PP● Power Pole
- LP● Light Pole
- BP● Brace Pole
- EO● Electrical Outlet
- WM● Water Meter
- EM● Electrical Meter
- GV● Gate Valve
- SB● Steel Bollard
- TS● Traffic Signal Manhole
- SS● Sanitary Sewer
- FH● Fire Hydrant
- Tree



Site Detail Map
Total Retail #2156
Haysville, Kansas
KDHE Project Code: U2-087-01320
LKRBCA Addendum
CGP Project #17807
Prepared By: HB Date: 06-12-2024
Revised By: MK Date: 10-17-2024
Figure 2.3
CGP, Inc. PO Box 23, Wahoo, NE 68066



MW10 is 105' East in the East Right of Way of N. Baughman Ave

Merchants Equipment Leasing Co.

Weckworth Manufacturing

Hoffman Holdings

Brick Retaining Wall

Union Pacific Railroad

Total #2156 (Former)

Decorative Fuel Dispensers

Concrete

Grass

Park

Fountain

Main / Seneca

Toeur Sophannarath

Pharmacy

SK Donuts

Netco Commercial Properties

Mexican Restaurant

Aviation Assoc. Credit Union

MW13

MW8

MW3R

MW12R

MW11R

MW4R

MW2R

MW10

MW6R

MW9