WELL ID

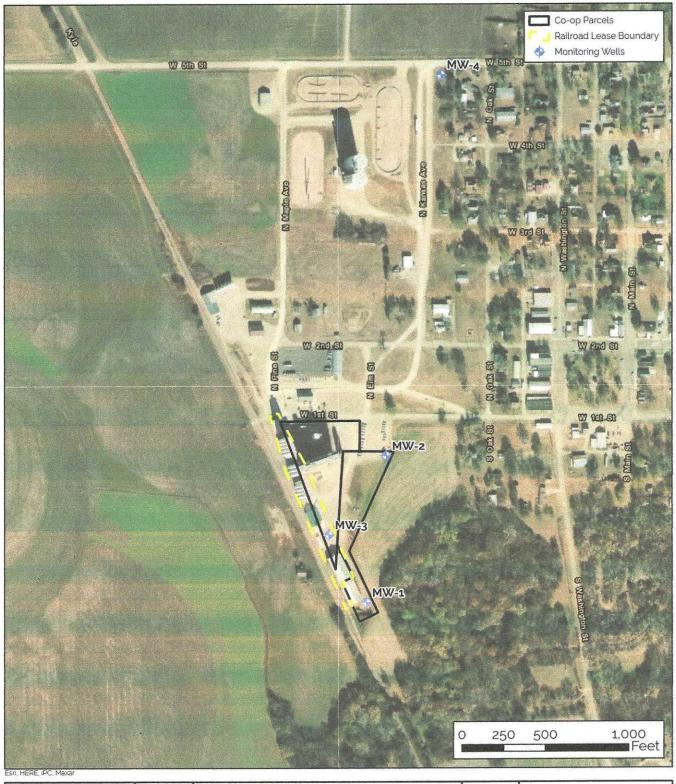
KOLAR DOC ID

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

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

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

LOCATION OF WATER W	ELL				(	Original Reco	ord Correction	Chang	e in We	ll Use
Latitude	Longitude		Section	ı	Township	Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation		Count	v	•		VV			
WATER WELL OWNER		w	ELL WATER				NEAREST SOURCE OF P	OTENTIAL C	ONTAMIN	NATION
Name							Source:			
Business			OMPLETION	d .			·			
Dusiness							from well:	_ from we	ll:	
Address			Depth of completed well:ft.  Depth(s) groundwater encountered:				Source description:			
		(	(1) ft.; (2) ft.;				Source:			
Well location		<u> </u>	(3) ft.; (4) dry well				Distance from well:		n ll:	
at owner's address			Static water level in well: ft.  measured below land surface on (mm/dd/yy):				Source description:			
CONSTRUCTION			measured	l above	land surface		No potential source within 100 feet.	e of contami	nation	
Borehole interval:	Borehole dia	meter:	on (mm/	dd/yy):	<u> </u>		PERMIT & ID NUMBERS	S (AS REOU	IRED)	
fromto ft.			Estimated yi	eld:	gpm					
fromtoftin.			Water level was: ft. afterhours				DWR Application No.:			
Casing height above land surface:in.			pumping gpm				KDHE / EPA Project Code:			
If casing height is less than 12 in. has a variance been approved?* Yes No			Pump installed? Yes No				Site Name:  KDHE UIC Class V Form Completed: Yes No			
*variance not required for monitoring			Water well disinfected? Yes No				County Permit: Yes No Permit ID:			
or environmental remediation wells			Date disinfected (mm/dd/yy):				Lease Name & Well #:			
Casing type:		— I H	:6 :61				# of boreholes:			- 1
Blank casing interval:		_'''   ∟	Aquifer, if kr							
Blank casing diameter:			THOLOGIC							
Casing joints: Weight:			FROM	то	LITHOLOGY IN	VIERVALS				
Wall thickness or gau										
Blank casing interval:										
Blank casing diameter:										
Casing joints:										
Weight:										
Wall thickness or gau	_									
Grout interval:f										
Grout material:										
Grout interval:f										
Grout material:		CC	OMMENTS							
Samoon I monfountion monto										
Screen / perforation mater Screen / perforation open			ONTRACTO	R'S ∩E	RLANDOWNERS	CERTIFICATION				
Screen / perforation interv								the stated w	ratan rurall	
Fromft. to					as constructed		1			
Slot size ur						_	I certify tha			to
From ft. to				•	_		well record was complet			—
Slot size ur										
Gravel pack intervals:		I	Kansas Wa	ter We	ell Contractor's I	License No	under the aut	hority of th	e design	ated
Gravel pack not used:	Gravel size	in   I	erson as d	efined	l in K.A.R. 28-3	0-2(j) and sign	ed and certified by the el	ectronic si	gnature o	of the
From ft. to			lesignated	perso	n at its submitta	l:				
Gravel pack not used:		in Se	nd one copy	to WA			ne for your records. Fee of \$5		constructe	ed well.
F 6.4.	-	_			KANSAS DE	PARTMENT OF I	HEALTH AND ENVIRONM	ENT		



DESIGNED BY: CC
DRAWN BY: KS
CHECKED BY: BG
APPROVED BY: RW
DATE: OCTOBER 2024



Monitoring Wells Delphos Cooperative Delphos, Ottawa County, Kansas



Delphos Cooperative Figure

VCI Work Plan