

**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**

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**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		

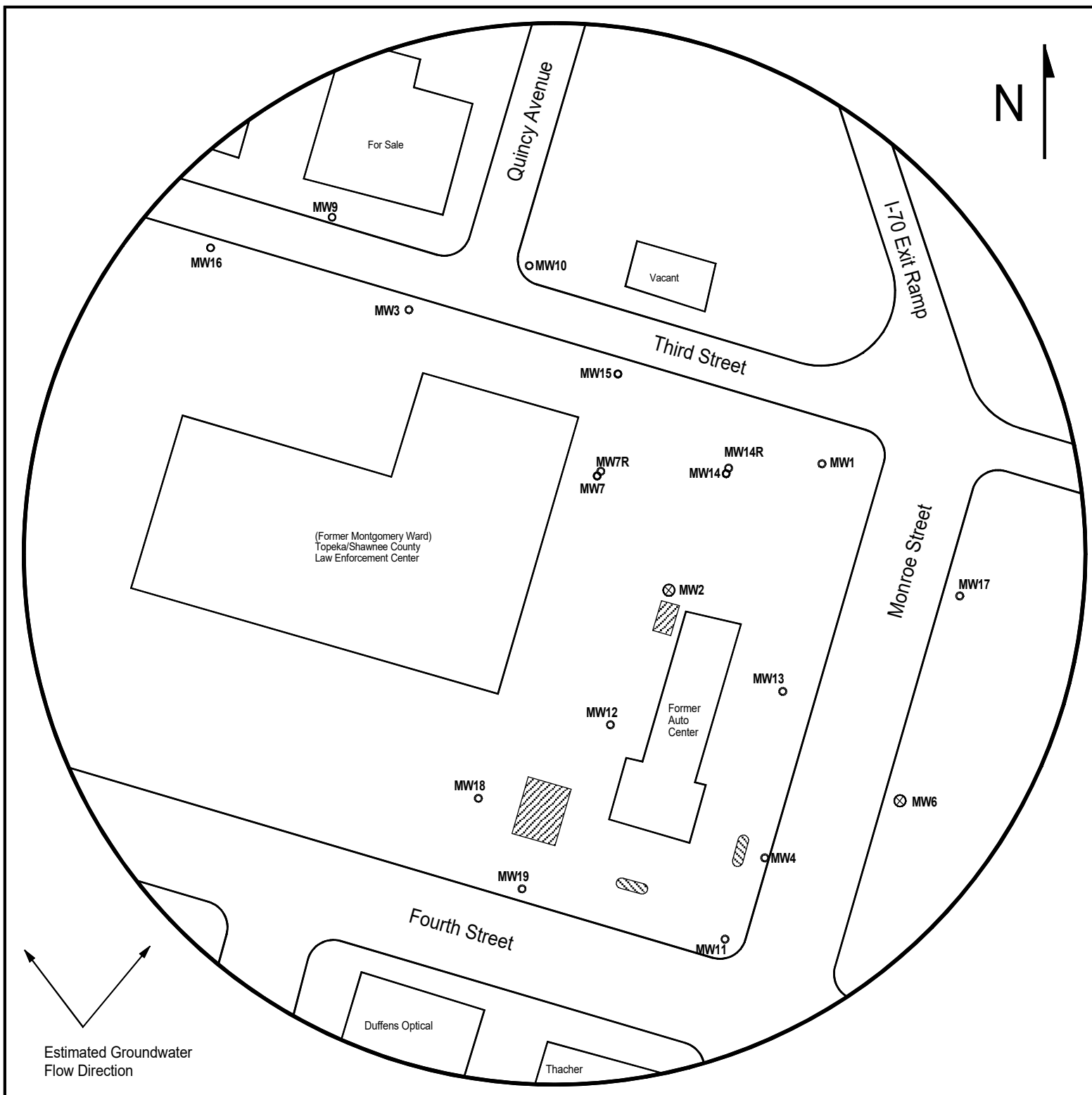
**COMMENTS**

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



# FIGURE 1 - SITE BASE MAP

## LEGEND

-  Approximate Location of Former UST Basin and Pump Islands
-  Plugged Monitoring Well
-  Destroyed/Lost Monitoring Well



### PROJECT:

Montgomery Ward  
320 Kansas Ave.  
Topeka, KS  
KDHE ID: U4-089-00772  
Date: 4/24/25

1311 E 25th St., Suite B (785) 841-8707 office  
Lawrence, KS 66046 (785) 865-4282 fax

0 100 feet

