

WATER WELL RECORD (WWC5.2)

Constructed

KOLAR DOC ID _____ WELL ID _____

LOCATION OF WATER WELL

County		Section		Township		Range		E W	Fraction	¼	¼	¼
Latitude		Longitude		Datum		Elevation						

WATER WELL LOCATION

at owner's address

WATER WELL OWNER

Name	
Business	
Address	

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: _____

KDHE / EPA Project Code: _____

Site Name: _____

KDHE UIC Class V Form Completed: Yes No

County/Local Permit Required? Yes No

Permit Obtained? Yes No Permit ID: _____

Oil/Gas Lease Name & Well #: _____

CONSTRUCTION

Casing: Height above land surface: _____ in.

Is casing height less than 12 inches? Yes No

Blank Casing type: _____

1st interval: _____ ft. to _____ ft.; Diameter _____ in.

Casing Joint: : _____ Weight: _____ lbs/ft

Wall thickness or gauge no.: _____

2nd interval: _____ ft. to _____ ft.; Diameter _____ in.

Casing Joint: : _____ Weight: _____ lbs/ft

Wall thickness or gauge no.: _____

3rd interval: _____ ft. to _____ ft.; Diameter _____ in.

Casing Joint: : _____ Weight: _____ lbs/ft

Wall thickness or gauge no.: _____

Screen / Perforation material: _____

Specify if other: _____

Screen / Perforation openings: _____

1st interval _____ ft. to _____ ft. Slot Size _____

2nd interval _____ ft. to _____ ft. Slot Size _____

3rd interval _____ ft. to _____ ft. Slot Size _____

WELL WATER USE

Additional info if required:

of Boreholes

of Dewatering Wells

COMPLETION

Depth of completed well: _____ ft.

Depth(s) groundwater encountered: Dry Well

(1) _____ ft.; (2) _____ ft.; (3) _____ ft.;

Static water level in well: _____ ft.

Date measured: _____

Measured from: Top of Casing or Ground Surface

Measured: Above or Below Land Surface

Estimated yield: _____ gpm

Pump Test Date: Water level was:

_____ ft. after _____ hours pumping _____ gpm

_____ ft. after _____ hours pumping _____ gpm

Pump Information:

Pump Installed? Yes No Date: _____

Pump Type: Horsepower: Volts:

Drop Pipe Diameter: in. Drop Pipe Length: ft.

Water well disinfected? Yes No

Date disinfected (mm/dd/yy): _____

CONSTRUCTION**Borehole interval:**

from _____ to _____ ft.

from _____ to _____ ft.

from _____ to _____ ft..

Borehole diameter:

_____ in.

_____ in.

_____ in.

Grout:

1st Interval: _____ ft. to _____ ft. Grout material: _____

2nd Interval: _____ ft. to _____ ft. Grout material: _____

3rd Interval: _____ ft. to _____ ft. Grout material: _____

Gravel pack:

Not Used

1st Interval: _____ ft. to _____ ft. Gravel Size: _____

2nd Interval: _____ ft. to _____ ft. Gravel Size: _____

3rd Interval: _____ ft. to _____ ft. Gravel Size: _____

DESIGNATED PERSON**WELL COMPLETION DATE****CONTRACTOR BUSINESS NAME**

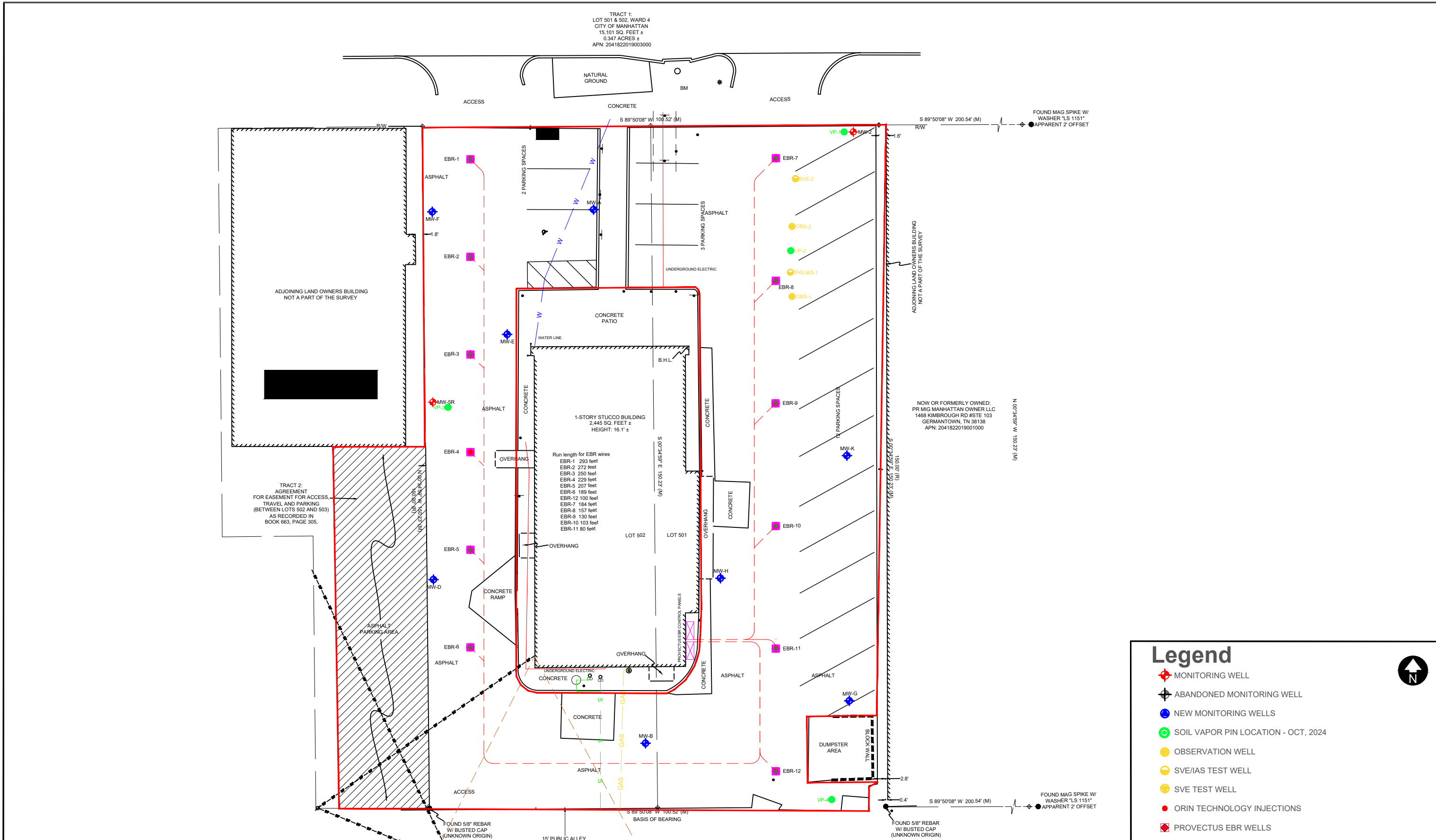


	FIGURE: 4	FIGURE NAME: Provectus EBR Well Locations	Cinderella Cleaners & Stickel Cleaners 1227 Bluemont Avenue & 714 N 12th St. Manhattan, KS KDHE Project Codes: C5-081-70782 & C5-081-71238
	DATE: 07/29/2025	PROJECT NUMBER: A23124.00122.005	
	DRAWN BY: SGE	PROJECT MANAGER: SGE	

Legend

- MONITORING WELL
- ABANDONED MONITORING WELL
- NEW MONITORING WELLS
- SOIL VAPOR PIN LOCATION - OCT, 2024
- OBSERVATION WELL
- SVE/IAS TEST WELL
- SVE TEST WELL
- ORIN TECHNOLOGY INJECTIONS
- PROVECTUS EBR WELLS
- EAB TREATMENT CURTAINS