

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 _____

DESIGNATED PERSON

CONTRACTOR BUSINESS NAME

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.	Borehole diameter: _____ in.
from _____ to _____ ft.	
from _____ to _____ ft..	

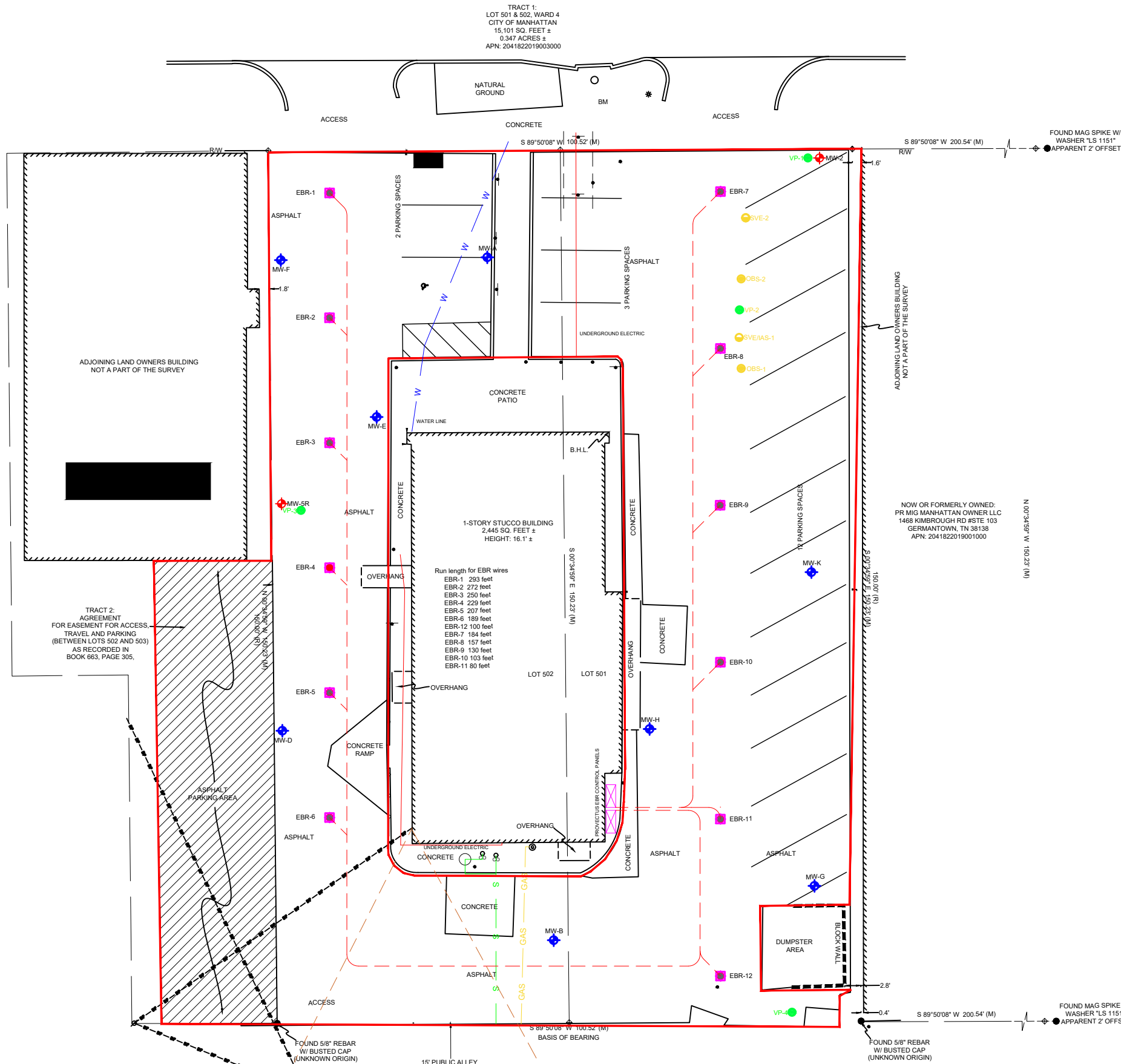
Grout:

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: _____

WELL COMPLETION DATE



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



FIGURE: 4
DATE: 07/29/2025
DRAWN BY: SGE

FIGURE NAME: Provectus EBR Well Locations
PROJECT NUMBER: A23124.00122.005
PROJECT MANAGER: SGE

Cinderella Cleaners & Stickel Cleaners
1227 Bluemont Avenue & 714 N 12th St.
Manhattan, KS
KDHE Project Codes: C5-081-70782 & C5-081-71238

