

WATER WELL RECORD (WWC5.2)

Constructed

KOLAR DOC ID _____ WELL ID _____

LOCATION OF WATER WELL

County		Section		Township		Range	$\frac{E}{W}$	Fraction	$\frac{1}{4}$	$\frac{1}{4}$	$\frac{1}{4}$
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

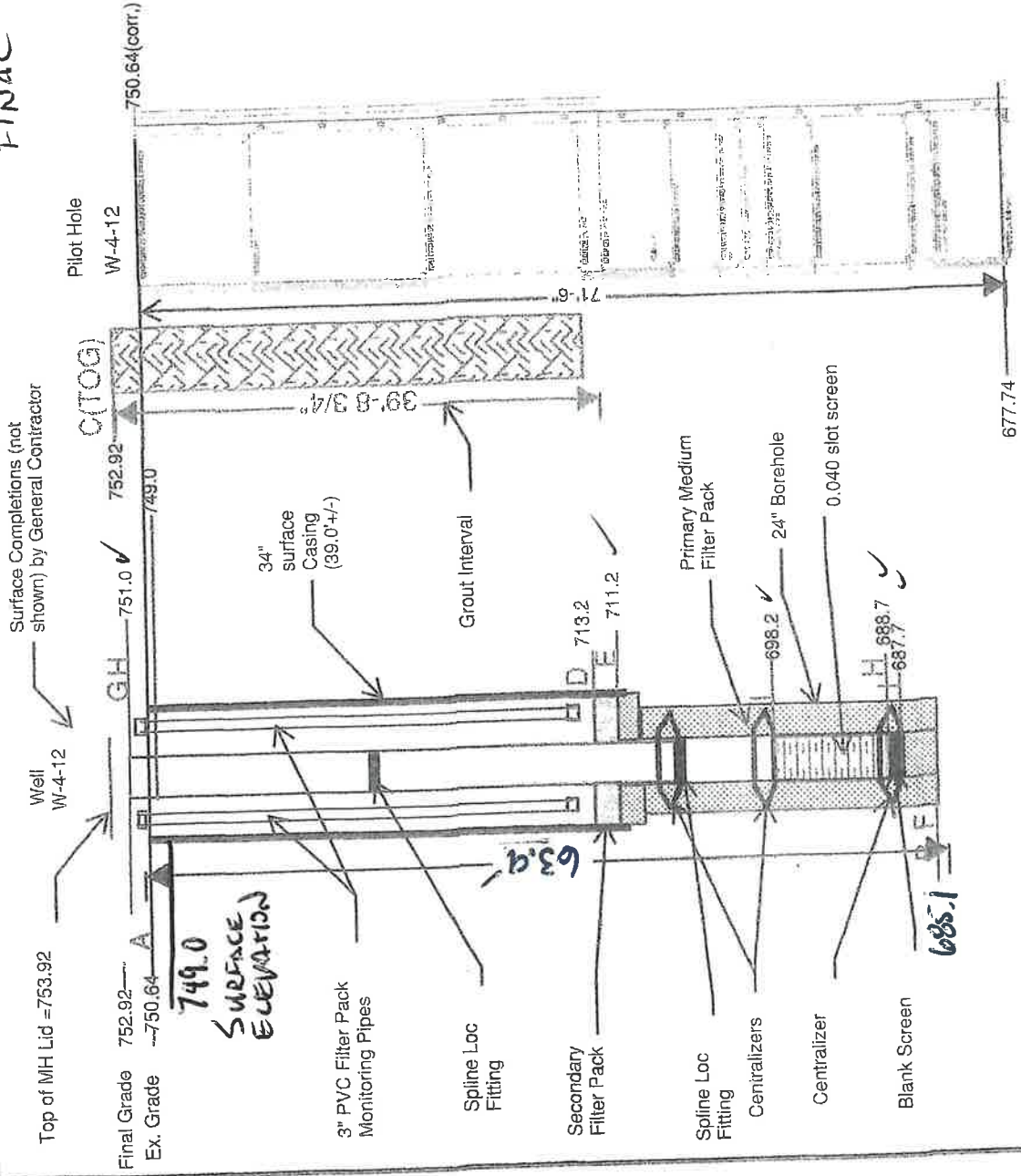
1st Interval: _____ ft. to _____ ft. Gravel Size: _____

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

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

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

FINAL



Note: Current Design indicates top of grout will be above TOR

- NOTES:
1. ALL PIPE IS 12" - 304 STAINLESS STEEL
 2. CASING IS SCH. 40
 3. SCREEN SLOT IS AS SHOWN
 4. DRAWING IS N.T.S.

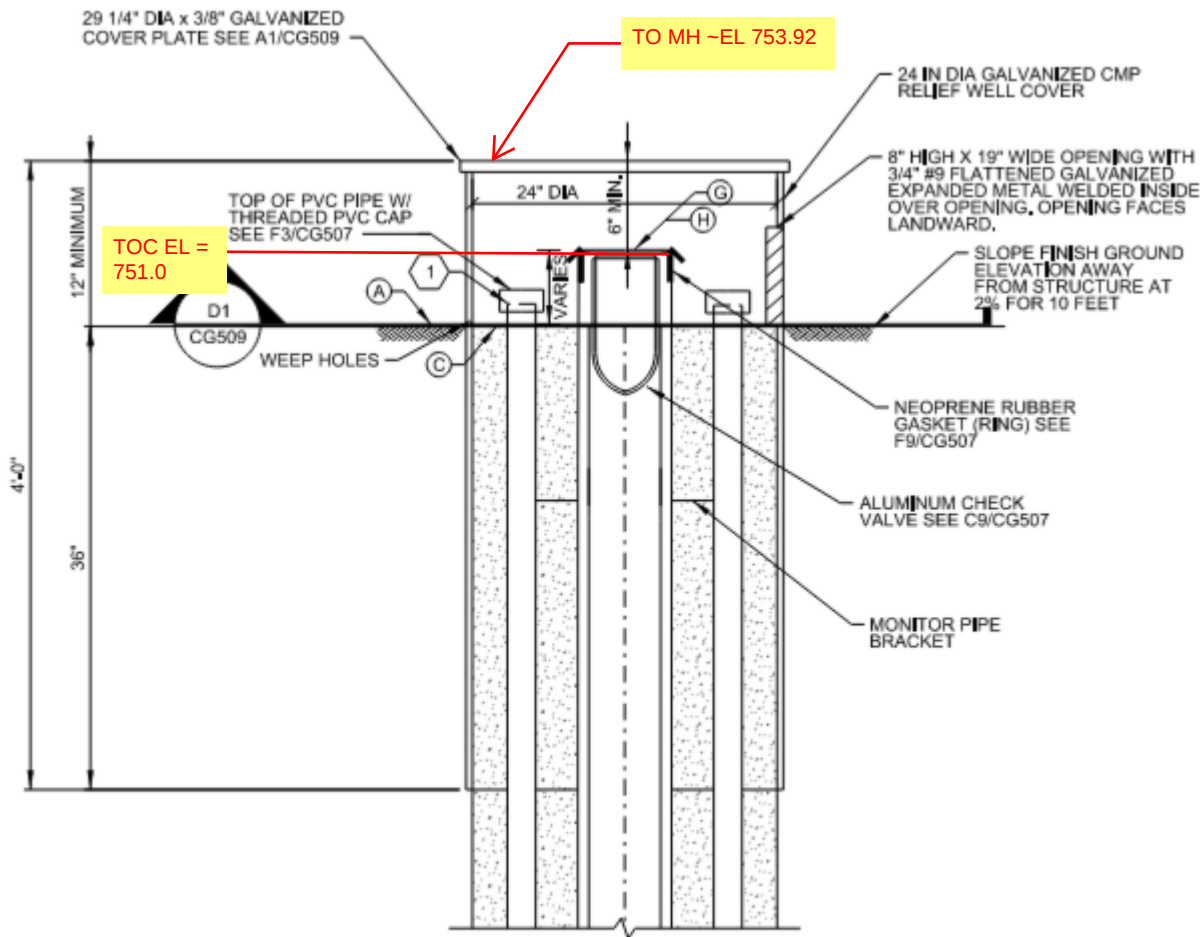
COUPLINGS WILL BE SPLINE LOC ALL CONNECTIONS WELDED AT FACTORY

PUMP TEST RATES			
4-15, 4-22, 4-23, 4-5, 4-7			
STEP 1	STEP 2	STEP 3	STEP 4
175	250	325	400

KC Relief Wells
ARM Unit
W-4-12

Figure 126

Drawn By: SAS Date: 06.13.2025



D8

RELIEF WELL WITH COVER PLATE

SCALE: NTS

Central Ave Bridge

W 94°36'54.72"

Untitled Placemark  ARM Well W-4-12
39.101567, -94.616391