

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**

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			
Well Owner				Well Owner Business							

NEAREST SOURCE OF POTENTIAL CONTAMINATION	or	No potential source of contamination within 100 ft.
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Source:				Source:			
Distance from well (ft):		Direction from well:		Distance from well (ft):		Direction from well:	
Source description:				Source description:			
Required information for local entity?	Yes	No		Required information for local entity?	Yes	No	

LITHOLOGIC LOG

AQUIFER, if known[illegible]

COMMENTS

This water well was constructed/reconstructed 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 _____, KS 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: _____.

Send one copy to the water well owner and the contractor should retain one copy.

Map

a description for your map.



AERIAL SOURCE: GOOGLE EARTH (DATED 2023)

LEGEND:

- ⊙ EXISTING MONITORING WELL
- ⊙ ABANDONED MONITORING WELL
- ⊙ NEW MONITORING WELL
- APPROXIMATE PROJECT SITE BOUNDARY
- ▨ FORMER UST BASIN/PRODUCT LINES, ETC.
- PROPERTY LINES
- FENCE LINE
- OVERHEAD ELECTRIC LINE
- GAS LINE (APPROX. 1.5-3')

100 0 100 200
SCALE FEET

SCS ENGINEERS

8575 West 110th Street, Suite 100
Overland Park, Kansas 66210

FIGURE 1 - MONITORING WELL LOCATION MAP
TOWN & COUNTRY #9
(U2-087-01177)
851 S. MERIDIAN
WICHITA, KANSAS

Project Mgr.	SLM	Drawn By	WBM	Designed By	LAM	Project No.	27224406.00
Scale		Date		File Name		Drawing No.	