

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.

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

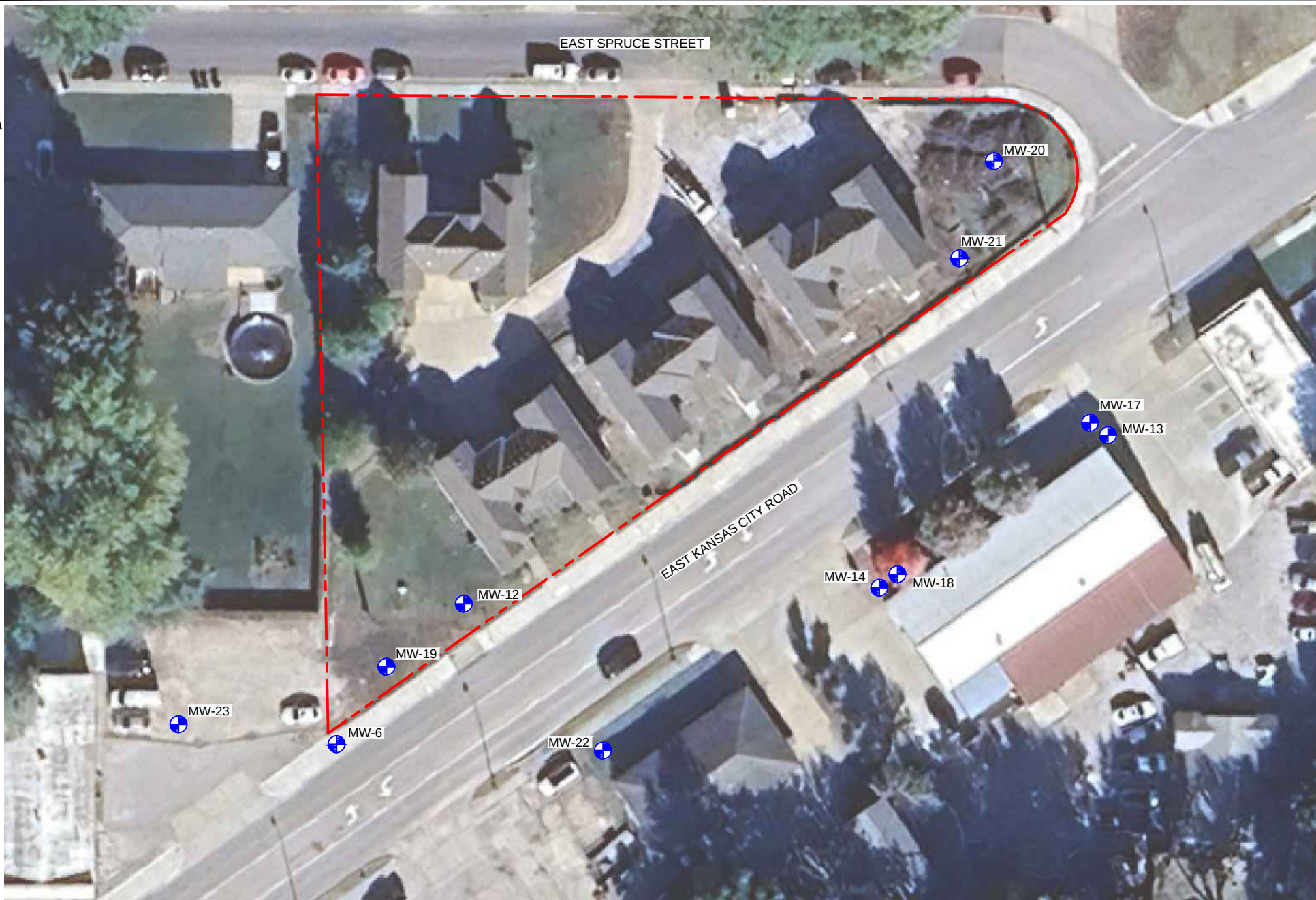
AQUIFER, if known[illegible]

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.



LEGEND

- APPROXIMATE SITE BOUNDARY
- MONITORING WELL

0 25' 50' 100'

Project Mngr:	KCS	Project No:	02257308
Approved By:	KCS	Scale:	1" = 50'
Checked By:	KCS	Date:	06/14/2026
Drawn By:	DBM	File No:	02257308E2.DWG



15620 W 113TH STREET
PH. (913) 492-7777

LENEXA, KS 66219
FAX. (913) 492-7443

SITE DIAGRAM

M&M BULK PLANT OLATHE
520 EAST KANSAS CITY ROAD
OLATHE, KANSAS

EXHIBIT

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