

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	¼ ¼ ¼ ¼		T S	R <input type="checkbox"/> E <input type="checkbox"/> W

2 WELL OWNER: Last Name: _____ First: _____ Business: _____ Address: _____ Address: _____ City: _____ State: _____ ZIP: _____	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner’s address, check here: <input type="checkbox"/>
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3 LOCATE WELL WITH “X” IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: _____ ft. Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well WELL’S STATIC WATER LEVEL: _____ ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr) _____ <input type="checkbox"/> above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: _____ in. to _____ ft. and _____ in. to _____ ft.	5 Latitude: _____ (decimal degrees) Longitude: _____ (decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: _____					
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>N</p> <table border="1" style="width: 100px; height: 100px; border-collapse: collapse; margin: auto;"> <tr><td style="text-align: center;">X</td></tr> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr> </table> <p>S</p> <p>-----1 mile-----</p> </div>	X	NW	NE	SW	SE		
	X						
NW	NE						
SW	SE						
6 Elevation: _____ ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____							

7 WELL WATER TO BE USED AS:		
1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID _____ 6. <input type="checkbox"/> Dewatering: how many wells? _____ 7. <input type="checkbox"/> Aquifer Recharge: well ID _____ 8. <input type="checkbox"/> Monitoring: well ID _____	10. <input type="checkbox"/> Oil Field Water Supply: lease _____ 11. Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? _____ a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
2. <input type="checkbox"/> Irrigation	9. Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify): _____
3. <input type="checkbox"/> Feedlot		
4. <input type="checkbox"/> Industrial		

Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: _____
Water well disinfected? Yes No

8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other _____		CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded
Casing diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.	Casing height above land surface _____ in. Weight _____ lbs./ft.	Wall thickness or gauge No. _____
TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)		
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.		

9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.	
Nearest source of possible contamination: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage <input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well <input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well <input type="checkbox"/> Other (Specify) _____	
Direction from well? _____	Distance from well? _____ ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
			Notes:		

11 CONTRACTOR’S OR LANDOWNER’S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor’s License No. _____. This Water Well Record was completed on (mo-day-year) _____ under the business name of _____

Eugene Stos Barton County
SVE1-4 AS1 & 2



MW11

MW26

MW22

BMW4

10th Street (US 56)

Note: All trenching east of the building shall be done over the weekend.

Legend

- - Monitoring Well Location
MW4
- - Soil Vapor Extraction Well
GBSVE1 (GBSVE3 Proposed)
- ⊙ - Air Sparge Well
GBASW1 (GBASW3 to GBASW6 Proposed)

Property Line

- ST- Storm Sewer (~2' Deep)
- OH- Overhead Power Line
- SA- Sanitary Sewer Line (~4' deep)
- BT- Buried Telephone Line (~3' deep)
- W- Water Line (~4' deep)
- G- Gas Line (~3' deep)
- BE- Buried Electric Line (~2' deep)

- pp - Power Pole
- LP - Light Pole
- BP - Brace Pole
- EO - Electrical Outlet
- WM - Water Meter
- EM - Electrical Meter
- GV - Gate Valve
- SB - Steel Bollard
- TS - Traffic Signal Manhole
- SS - Sanitary Sewer
- FH - Fire Hydrant

Scale In Feet

MW7

MW20

Former Dispenser

Former Product Line

Pipe Elevation at GBSVE1 = 96.13'

Canopy

MW30

GBASW2

GBSVE1

GBASW1

Former Dispenser

MW31

Capable Prop.

Former Goldenbelt 66

Former USTs

GBSVE3

GBASW3

GBASW4

MW1

OB5

AS1

Pipe Elevation at GBSVE3 = 96.18'

OH

MW2

Ground Surface Elevation = 100.00'
SVE Pipe Elevation = 97.00'
Proposed Trench Route

GBASW5

GBSVE2

GBASW6

OB2

MW24

Proposed Remedial Enclosure

Mike's Meat Market

Pipe Elevation at GBSVE2 = 96.43'

Main Street (US 281)

MW4

LP

BE

MW8

BMW6

ASOBW1

ASW1

SVE1

Former USTs

BMW3

Boy's Insurance

BMW5

BMW2

BMW1

NAPA Auto Parts

BMW10

BMW11

Site Plan
Golden Belt 66 Great Bend, KS
KDHE # U6-005-00711
Remedial Design Plan
CGP Project #16804
Prepared By: MK Date: 10-25-2017
Reviewed By: MK Date: 11-08-2017
Drawing 1.7.1B
CGP, Inc. PO Box 23, Wahoo, NE 68066