WELL ID

KOLAR DOC ID

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367 (785) 296-3565 | K.S.A. 82a-1212 | v2022c

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

LOCATION OF W	/ATER WELI	L						Original	Recor	d Correction	Chang	e in We	II Use				
Latitude		Longitude			Section		Township		Range	E W Fraction	1/4	1/4	1/4				
Datum		Elevation			County		_		-	.,							
WATER WELL OV	VNER				WATER US	SE				NEAREST SOURCE OF PO	OTENTIAL C	ONTAMIN	NATION				
Name										Source:							
Business				COMP	LETION					I							
Dusiness										Distance from well:	from we	ll:					
Address				1 -	-		rell: r encountered:		_ft.	Source description:							
				(1) ft.; (2) ft.;						Source:							
Well location			(3) ft.; (4) dry well						Distance from well:		n ll:						
at owner's address				Static water level in well: ft. measured below land surface on (mm/dd/yy):						Source description:							
CONSTRUCTION	l	T		m	easured ab	ove la	nd surface			No potential source within 100 feet.	of contami	nation					
Borehole interva	al:	Borehole dia	meter:	or	(mm/dd/	yy):			_		(AS REOLII	IRED)					
fromto ft in.			in.	Estim	ated yield:		gpm			PERMIT & ID NUMBERS (AS REQUIRED)							
fromto _	ft.		in.	Water	level was:		ft. after	hou	rs	DWR Application No.:							
Casing height at	ove land su	rface:	in.	pumping gpm					ı	KDHE / EPA Project Code:							
If casing height is less than 12 in.				Pump installed? Yes No						Site Name:							
has a variance been approved?* Yes No *variance not required for monitoring				Water well disinfected? Yes No						KDHE UIC Class V Form Completed: Yes No							
		diation wells		Date disinfected (mm/dd/yy):						County Permit: Yes No Permit ID: Lease Name & Well #:							
Casing type:										# of boreholes: # of dewatering wells:							
Blank casing int	erval:	ft. to	ft.	Aquif	er, if know	n:				# of borchoics.	# of dewater	ring wens:					
Blank casing dia				LITHO	LOGIC LO	G											
				FRO	м то	L	ITHOLOGY II	NTERVAL	S								
Weight:																	
		no.:															
Blank casing into			ft.														
Blank casing dia																	
Casing joints	s:lbs																
		no.:															
Grout interval:																	
Grout mater																	
Grout interval:				COMN	IENTS												
Grout mater	ial:																
Screen / perforat	ion material	:															
Screen / perfora				CONT	RACTOR'S	OR L	ANDOWNERS	S CERTIFIC	CATION								
Screen / perforat	ion intervals	·		This	water wel	l was	constructed	d red	constru	cted pursuant to t	he stated w	vater well					
From	contractor's license and was completed on I certify that this record is true to																
	unit _							=		vell record was complete							
From	ft. to	_ft.			•		-			ven record was complete							
Slot size _	unit _																
Gravel pack inte	rvals:									under the auth	•	_					
Gravel pack	not used:	Gravel size _	in	-				-	a signe	d and certified by the ele	ectronic się	gnature o	t the				
From	_ ft. to	ft.					ıt its submitta			·							
Gravel pack	not used:	Gravel size _	in	Send o	ne copy to	WATE				e for your records. Fee of \$5		constructe	ed well.				
Enom				KANSAS DE	LPARTMEN	NT OF H	EALTH AND ENVIRONME	SNT	KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT								

Form	WWC5.2 - Water Well Record
Doc ID	1660146
Well Owner	Kent Winter
Contractor	Premier Pump & Well Service, Inc. #238

Lithology

From	То	Lithology Intervals
0	5	topsoil
5	7	clay,brown
7	16	clay,silty,brown
16	25	clay,gray
25	35	clay,fine,silty,brown,with fine brown sand
35	40	clay,gray
40	45	sand,fine to medium
45	49	clay,gray
49	58	sand,fine to medium,brown
58	68	sand,fine,gravelly,brown
68	75	sand,fine to medium,tan
75	83	sand,fine,gravelly
83	98	sand,fine,gravelly,some pebbles
98	100	sand,fine,gravelly,gray,some shale pieces