\_ 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 WATER W	ELL				Origina	al Recor	d Corre	ection	Change	e in We	ll Use
Latitude	Longitude		Section	Townshi	ip	Range	E I	Fraction	1/4	1/4	1/4
Datum	Elevation		County		•		VV				
WATER WELL OWNER		WEL	L WATER US	E			NEAREST SOURCE OF POTENTIAL CONTAMINATION				
Name							Source:				
Business		CON	1PLETION				Distance		Direction	L	
				atad walls		6	from well:_		_ from well	:	
Address			Depth of completed well:ft.  Depth(s) groundwater encountered:				Source description:				
				(2) ft.;	cu.		Source:				
Well location			(3) ft.; (4) dry well								
			Static water level in well: ft.				from well:		from well		
at owner's address		Sta	measured below land surface				Source description:				
			on (mm/dd/y								
CONSTRUCTION				ove land surface			No poter within 10		e of contamir	ation	
Borehole interval:	Borehole dia		on (mm/dd/y				PERMIT & ID	NUMBER!	S (AS REQUII	RED)	
fromtoft.			•	gpm	_		DIAZD 4 1	antic :: 37			
fromto ft.			Water level was:ft. afterhours				DWR Application No.:  KDHE / EPA Project Code:				
Casing height above land surface:in.			pumping gpm				Site Name:				
If casing height is less than 12 in. has a variance been approved?* Yes No			Pump installed? Yes No				KDHE UIC Class V Form Completed: Yes No				
*variance not require	• •		Water well disinfected? Yes No				County Permit: Yes No Permit ID:				
or environmental rer	nediation wells	Da	Date disinfected (mm/dd/yy):				Lease Name & Well #:				
Casing type:	ft to	- Ag	uifer, if know	n:			# of borehole	es:	# of dewateri	ing wells:	
Blank casing diameter:			OLOGIC LO								
Casing joints:			OM TO		Y INTERVA	ıs					
Weight:											
Wall thickness or gau		_									
Blank casing interval:	ft. to	ft.									
Blank casing diameter:	in.										
Casing joints:											
Weight:	_										
Wall thickness or gau	ge no.:										
Grout interval: ft	. toft.										
Grout material:											
Grout interval: ft		CON	MENTS								
Grout material:											
Saraan / manfamati	rial.										
Screen / perforation mater Screen / perforation open			ITDACTOR'S	OR LANDOWNI	EDC CERTIF	ICATION					
Screen / perforation interv				l was construc		econstru		rement to t	the stated wa	ntor wall	
Fromft. to							•				
Slot size un				ense and was c	-			•			
Fromft. to	the best of my knowledge and benefit fins water v					_			—		
Clat sine under tr				er the business name of							
Gravel pack intervals:			Kansas Water Well Contractor's License No under the authority of the designated								
Gravel pack not used:	in   -	person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the									
From ft. to				son at its subm				<u></u>			
Gravel pack not used:		in Send	Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.  KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT								
From ft to	ft	1		KANSAS	PLIVITINI	PTAT OL II	THE THE WIND E	A A TIKOTAMI	P111		

DOC ID	1668403	1668403					
Form	WWC5.2	WWC5.2					
Contractor	Woofter Pump & V	Well, Inc. #881					
From	То	LithologicLog					
0	2	Surface Top soil Native soil					
2	10	Loess					
10	23	Clay					
23	36	Clay with caliche streaks					
36	54	Clay and caliche with sand streaks					
54	71	Clay and caliche with sand lenses					
71	83	Fine and medium sand with clay and caliche lenses					
83	117	Clay and caliche with sand lenses					
117	133	Fine and medium sand with clay and caliche lenses					
133	138	caliche					
138	174	Cemented sand with sand streaks					
174	185	Fine and Medium sand					
185	191	Clay					
191	214	Fine to some medium sand with clay streaks					
214	225	Fine and medium sand and small gravel					
225	235	Yellow Ochre/Black shale					