### KOLAR Document ID: 1677206

## WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

Lease Name & Well #: \_\_\_\_

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

WELL ID\_\_\_\_\_ Change in Well Use

#### LOCATION OF WATER WELL

Latitude	Longitude	Section	Township	Range	E W	Fraction	1⁄4	1⁄4	1⁄4
Datum	Elevation	County							

#### WATER WELL OWNER

Name				
Business				
Address				
Well location				
at owner's address				

#### CONSTRUCTION

Borehole interval:	Borehole diameter:
fromtoft.	in.
fromtoft.	in.
Casing height above land su	
If casing height is less th has a variance been app	roved?* Yes No
*variance not required for or environmental reme	
Casing type:	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	s/ft.
Wall thickness or gauge	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	
Wall thickness or gauge	
Grout interval: ft. to	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	l:
Screen / perforation opening	gs:
Screen / perforation interval	s:
Fromft. to	_ft.
Slot size unit	
Fromft. to	_ft.
Slot size unit	
Gravel pack intervals:	
Gravel pack not used:	Gravel size in
From ft. to	ft.
Gravel pack not used:	
From ft. to	

	County						
WELL	WATER U	ISE					
сом	PLETION						
Dept	th of comp	leted we	ell:		ft.		
Dept	th(s) grou	ndwater	encounter	ed:			
(1)_	ft.;	(2)	ft.;				
(3)_	ft.;	(4)	dry well				
Stati	Static water level in well: ft.						
	neasured b n (mm/dd		nd surface				
	measured above land surface on (mm/dd/yy):						
Estir	nated yield	l:	gpm				
Wate	er level wa	s:	ft. after		hours		
			pumping		gpm		
Pum	p installed	l? Ye	s No				
Wate	er well disi	nfected	? Yes	No			
Date	disinfecte	d (mm/	dd/yy):				

NEAREST SOURCE OF P	OTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential source within 100 feet.	of contamination
PERMIT & ID NUMBERS	S (AS REQUIRED)
DWR Application No.:	
	ode:
Site Name:	
KDHE UIC Class V For	rm Completed: Yes No
County Permit: Yes	No Permit ID:

# Aquifer, if known:

FROM	то	LITHOLOGY INTERVALS
		L

#### COMMENTS

#### CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well
contractor's license and was complete	ed on	I certify that this record is true to
the best of my knowledge and belief.	This water well rec	ord was completed on
under the business name of		,
Kansas Water Well Contractor's Lice	nse No	_ under the authority of the designated
person as defined in K.A.R. 28-30-2(	j) and signed and c	ertified by the electronic signature of the
designated person at its submittal:		
Send one copy to WATER WELL OWNER	and retain one for you	r records. Fee of \$5.00 for each constructed well.
KANSAS DEPAR	TMENT OF HEALTH	AND ENVIRONMENT

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

Form WWC5.2 - Water Well Record		
Doc ID	1677206	
Well Owner	City of Olathe, KS	
Contractor	Layne Christensen Company #102	

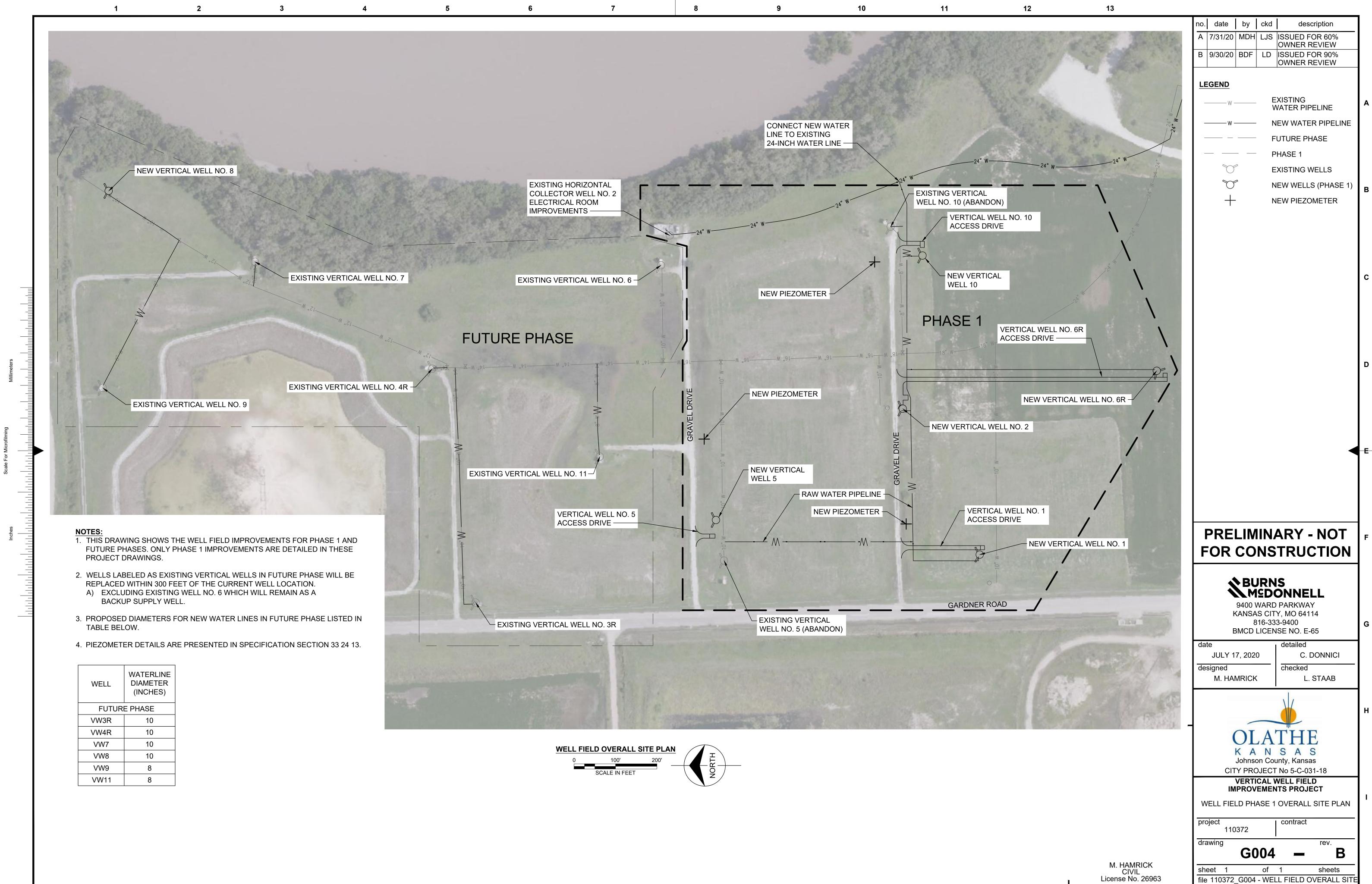
## Lithology

From	То	Lithology Intervals
0	1	topsoil
1	9	clay,silty,brown
9	29	sand,fine,brown
29	39	sand,medium to coarse,brown
39	52	sand,medium to coarse,gray
52	61.5	sand,medium to coarse,gray,with cobbles
61.5	62	limestone,unknown,brown

ayne Christe 601 N 252nd alley, NE 68( 102) 359-2042	St. 064	TEST WELL INSTALLATION RE	PORT	Layne?
CUSTOMER: JOB NO: CITY: WELL LOCATIO	OLATH DE SC	DATE: 6222	WELL NO: 2 DRILLER: SWL:	PZ-1 RBOWLES
	GPS: FROM GROUNI	) LEVEL:	1	
FROM   TO     1   6     6   24     6   24     24   36     35   41     41   58     58   64     64	VIS. LOSS (SEC) (IN) 31 3 <sup>n</sup> 31 3 <sup>n</sup> 3	FORMATION JOI SOIL BRUN, SILTH C.194 TINE / JOB TIME HOWAN SAND MED/COACSE HOWN SAM WITHES SAME WITHACE GRAVEL LAAY MED/COACSE WITHNES SAME WICOBOLES DUVE GRAY SUBJE	Grad	Screen: 2" x2" Screen: 2" x2" Gravel Pack

Layne Christensen Co. 4601 N 252nd St. Valley, NE 68064 (402) 359-2042 / 2310 Fax	PORT
CUSTOMER: DUATIVE JOB NO: DE SOTO DATE: 62322 CITY: DE SOTO STATE: 25 WELL LOCATION: GPS:	WELL NO: PZ.2 DRILLER: (BDW)ES SWL:
LOG OF WELL FROM GROUND LEVEL:     FROM   TO   (SEC)   (IN)   FORMATION     O   I   GP Solution     I   GP Solution   GP Solution     SI   SZ   B2   V.*     MED/GROUE   GROUE   GROUE   GP Solution     SI   SZ   B2   V.*   MED/GROUE   GROUE     SI   SZ   B2   V.*   MED/GROUE   GROUE   GROUE     SZ   GI S   MESI // MESI	

Layne Christensen 4601 N 252nd St. Valley, NE 68064 (402) 359-2042 / 231		TEST WELL INSTALLATION REF	PORT	<u>Layne</u>
JOB NO:	)LATHE )E SOTO GPS:	date: <u>62477</u> state: <u>KS</u>	WELL NO: DRILLER: SWL:	PZ-3 (BOWLES
LOG OF WELL FROM TO (SEC 0 1	$\begin{array}{c c}     PIT \\     LOSS \\     (IN) FORMATION     D(S)(I) \\     D(S)(I) \\ $	L SICTY CLAY VERY TIME BROWN ADNS DARSE BROWN ATMO W/ ATMES DARSE BRAY SAM W/ OFBLES	Grade	Gravel Pack



Z:\CLIENTS\WTR\OLATHEKS\110372\_VERTICALWELLS\DESIGN\CADD\\_COMMON\110372\_G004 - WELL FIELD OVERALL SITE PLAN.DWG