KOLAR Document ID: 1677198

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Lease Name & Well #:

of boreholes: _____ # of dewatering wells: _

Original Record

WELL ID_____ Change in Well Use

LOCATION OF WATER WELL

Latitude	Longitude	Section	Т	Township	F	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 *variance not required fo	roved?* Yes No
or environmental reme	Ũ
Casing type:	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	no.:
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	no.:
Grout interval: ft. to	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	:
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 USE								
сом	PLETION							
Dep	th of compl	eted we	11:		ft.			
	th(s) groun							
(1)_	ft.;	(2)	ft.;					
(3) _	ft.;	(4)	dry well					
Stati	c water leve	el in wel	l:	ft.				
	neasured be on (mm/dd/		d surface					
	neasured at on (mm/dd/		d surface					
Estir	nated yield	:	gpm					
Wate	er level was	:	ft. after		hours			
			pumping		gpm			
Pum	p installed	Yes	s No					
Wate	er well disir	fected?	Yes	No				

NEAREST SOURCE OF	POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sour within 100 feet.	ce of contamination
PERMIT & ID NUMBE	RS (AS REQUIRED)
DWR Application No	.:
	Code:
Site Name:	
KDHE UIC Class V F	
County Permit: Yes	s No Permit ID:

Aquifer, if known:

Date disinfected (mm/dd/yy):

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 complet	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	1677198
Well Owner	City of Olathe, KS
Contractor	Layne Christensen Company #102

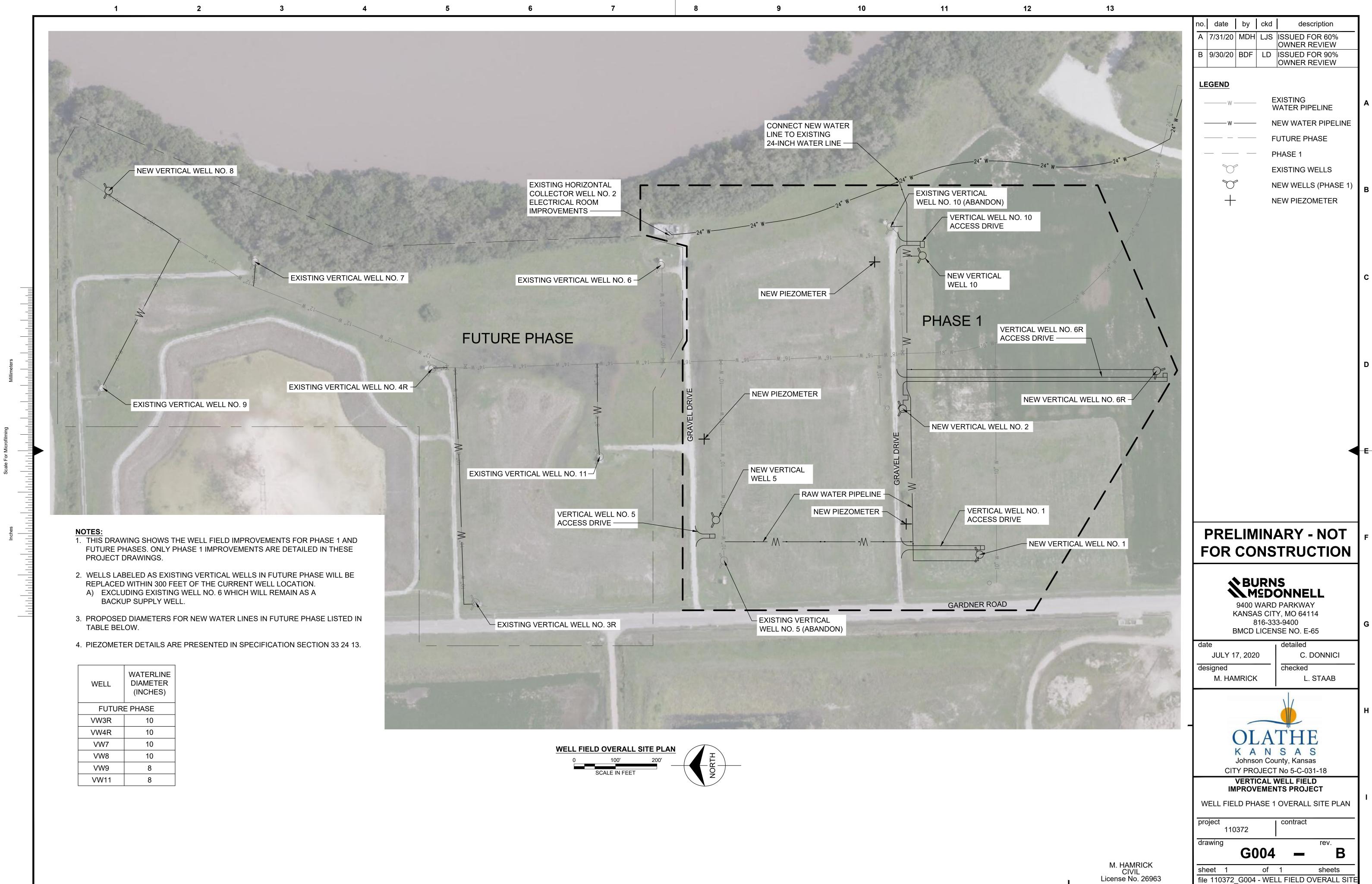
Lithology

From	То	Lithology Intervals
0	1	topsoil
1	6	clay,silty,brown
6	24	sand,fine,brown
24	36	sand,medium to coarse,brown,with fines
36	41	sand,medium to coarse,gravelly,brown,with trace gravel
41	58	sand,medium to coarse,gray,with fines
58	64	sand,medium to coarse,gray,with cobbles
64	65	shale,unknown,grayish,olive

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 ^m 31 3 ^m 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 SI SZ B2 V.* MED/GROUE GROUE GROUE GROUE SI SZ B2 V.* MED/GROUE GROUE GROUE GROUE I I I IIII IIII	

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