KOLAR Document ID: 1670523

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Original Record

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	
CONCERNICE	

CONSTRUCTION

Borehole interval:		Borehole	diameter:
fromto	_ ft.	_	in.
fromto	_ ft.	_	in.
Casing height above	land su		
If casing height is has a variance be			Yes No
*variance not rec or environment	•		0
Casing type:			
Blank casing interval	l:	ft. to	ft.
Blank casing diamete	er:	in.	
Casing joints:			
Weight:	lbs	/ft.	
Wall thickness or	r gauge i	no.:	
Blank casing interval	l:	ft. to	ft.
Blank casing diamete	er:	in.	
Casing joints:			
	lbs		
Wall thickness or			
Grout interval:	ft. to	ft.	
Grout material:			_
Grout interval:	ft. to	ft.	
Grout material:			_
Screen / perforation	material	:	
Screen / perforation	opening	gs:	
Screen / perforation i	intervals	:	
Fromft. to		_ft.	
Slot size	unit		
From ft. to		_ft.	
Slot size	unit		
Gravel pack intervals	s:		
Gravel pack not u	ised:	Gravel size	e in
From ft.			
Gravel pack not u			ein
From ft.			

	County			
WELL	WATER U	SE		
сом	PLETION			
Dept	th of comp	leted well:		_ft.
Dept	th(s) grou	ndwater encoun	tered:	
(1)_	ft.;	(2) ft.	;	
(3) _	ft.;	(4) dry we	11	
Stati	c water lev	el in well:	ft.	
	neasured b on (mm/dd	elow land surfa /yy):	ce	
	neasured a on (mm/dd	bove land surfac /yy):		
Estir	nated yield	l: gpm		
Wate	er level wa	s: ft. aft	er	hours
		pumpin	ng	gpm
Pum	p installed	? Yes No		
Wate	er well disi	nfected? Yes	No	
Date	disinfecte	d (mm/dd/yy):		

	OF POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential so within 100 fee	ource of contamination t.
PERMIT & ID NUM	BERS (AS REQUIRED)
DWR Application	No.:
KDHE / EPA Proj	ect Code:
Site Name:	
KDHE UIC Class	V Form Completed: Yes No
County Permit:	Yes No Permit ID:
Lease Name & We	J] #·

of dewatering wells: _

Aquifer, if known:

of boreholes: ____

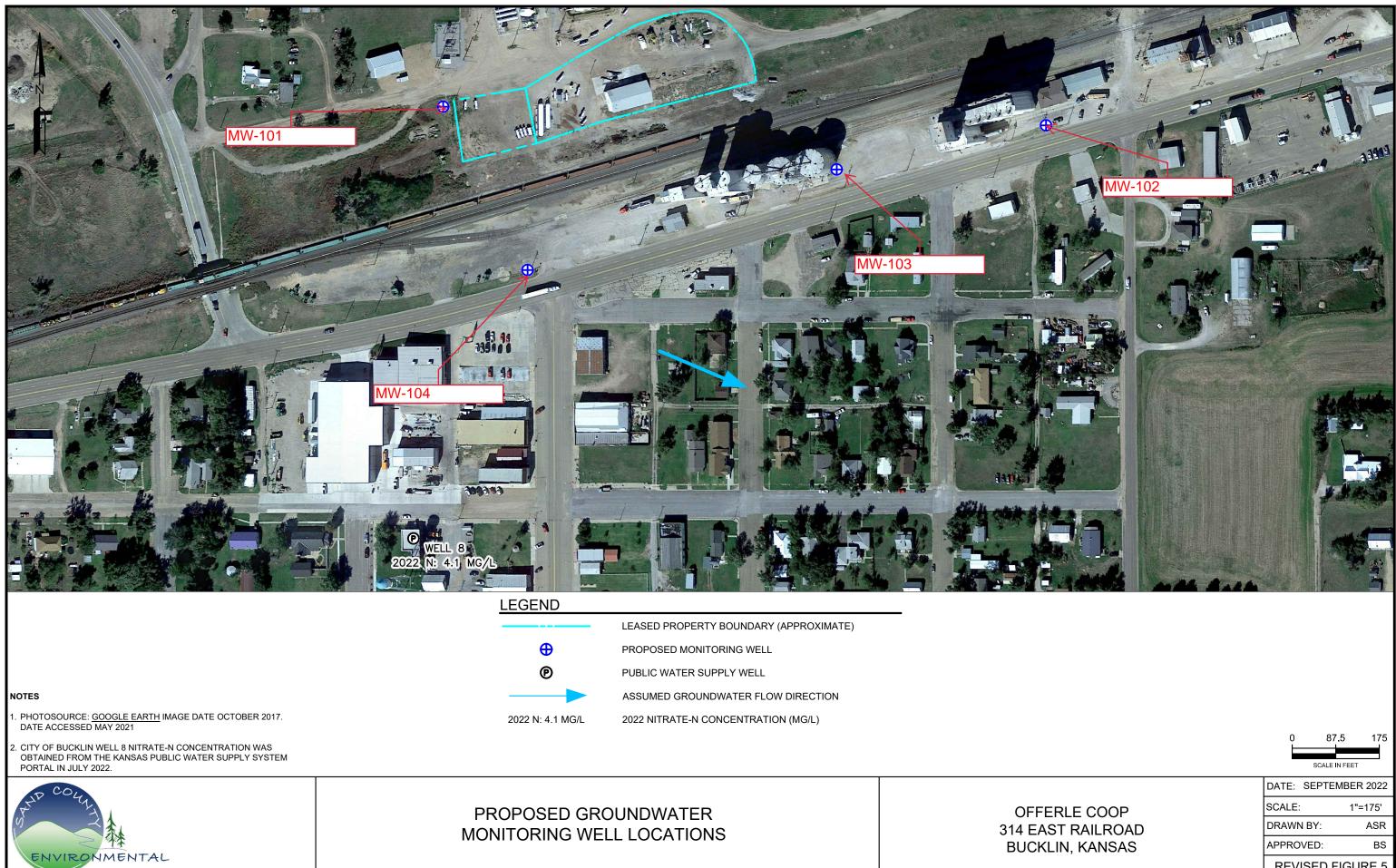
COMMENTS

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. 28-30-20	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

DOC ID	1670523				
Form	m WWC5.2				
Contractor	Woofter Pump & Well, Inc. #881				
From	То	LithologicLog			
0	2	Surface Top soil Native soil			
2	17	Clay			
17	92	Clay with caliche lenses and traces of sand			
92	98	Clay and caliche with sand lenses			
98	123	Fine and medium sand with few clay streaks			



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	0 87.5	
	DATE: SEPTEM	IBER 2022
FERLE COOP	SCALE:	1"=175'
AST RAILROAD	DRAWN BY:	ASR
KLIN, KANSAS	APPROVED:	BS
	REVISED FI	GURE 5