# KOLAR Document ID: 1676416

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

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

## LOCATION OF WATER WELL

| Latitude | Longitude | Section | Township | Range | E<br>W | Fraction | 1⁄4 | 1⁄4 | 1⁄4 |
|----------|-----------|---------|----------|-------|--------|----------|-----|-----|-----|
| Datum    | Elevation | County  |          |       |        |          |     |     |     |

## WATER WELL OWNER

| Name                  |  |  |  |  |
|-----------------------|--|--|--|--|
| Business              |  |  |  |  |
| Address               |  |  |  |  |
| Well location         |  |  |  |  |
| at owner's<br>address |  |  |  |  |
|                       |  |  |  |  |

#### CONSTRUCTION

| Borehole interval:  | Borehole diameter: |
|---|--------------------|
| fromtoft.   | in.                |
| fromtoft.   | in.                |
| Casing height above land su   |                    |
| If casing height is less the<br>has a variance been appr<br>*variance not required fo | roved?* Yes No     |
| or environmental remed  | U U                |
| 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  | ft.                |
| Grout material:   |                    |
| Grout interval: ft. to  | oft.               |
| Grout material:   |                    |
|   |                    |
| Screen / perforation material   | :                  |
| Screen / perforation opening  | gs:                |
| Screen / perforation intervals  | 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.   |  |  |
| _   |   |          | encounter |  |       |  |  |
| (1)_  | ft.;  | (2)      | ft.;      |  |       |  |  |
| (3)_  | ft.;  | (4)      | dry well  |  |       |  |  |
| Static water level in well: ft.               |   |          |           |  |       |  |  |
| measured below land surface<br>on (mm/dd/yy): |   |          |           |  |       |  |  |
|   | measured above land surface<br>on (mm/dd/yy): |          |           |  |       |  |  |
| Estir   | Estimated yield: gpm                          |          |           |  |       |  |  |
| Wate  | er level wa                                   | s:       | ft. after |  | hours |  |  |
|   |   |          | pumping   |  | gpm   |  |  |
| Pum   | p installed                                   | l? Ye    | s No      |  |       |  |  |
| Wate  | Water well disinfected? Yes No                |          |           |  |       |  |  |
| Date disinfected (mm/dd/yy):                  |   |          |           |  |       |  |  |

| IEAREST SOURCE OF P                  | OTENTIAL CONTAMINATIO   |
|--------------------------------------|-------------------------|
| Source:                              |                         |
| Distance<br>from well:               | Direction<br>from well: |
| Source<br>description:               |                         |
| Source:                              |                         |
| Distance<br>from well:               | Direction<br>from well: |
| Source description:                  |                         |
| No potential source within 100 feet. | of contamination        |
| PERMIT & ID NUMBERS                  | 5 (AS REQUIRED)         |
| DWR Application No.:                 |                         |
|                                      | ode:                    |
| Site Name:                           |                         |
|                                      | rm Completed: Yes No    |
| County Permit: Yes                   | No Permit ID:           |
| I ease Name & Well #•                |                         |

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

# Aquifer, if known:

| FROM | то | LITHOLOGY INTERVALS |
|------|----|---------------------|
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    | ·                   |

## 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     | 1676416                                  |
| Well Owner | Dennis Koehn                             |
| Contractor | Hydro Resources Mid Continent, Inc. #145 |

# Lithology

| From | То  | Lithology Intervals                 |
|------|-----|-------------------------------------|
| 0    | 2   | topsoil                             |
| 2    | 8   | sand,fine to medium                 |
| 8    | 15  | sand,fine to coarse,gravelly        |
| 15   | 64  | clay,brown                          |
| 64   | 95  | clay,brown                          |
| 95   | 99  | sand,fine to coarse,gravelly        |
| 99   | 122 | sand,fine to<br>medium,clayey,brown |
| 122  | 138 | sand,fine to<br>medium,clayey,brown |
| 138  | 150 | sand,fine to coarse,gravelly        |
| 150  | 155 | sand,fine,sandy,brown               |
| 155  | 228 | sand,fine to coarse,gravelly        |
| 228  | 240 | clay,sandy,tan                      |
| 240  | 260 | sand,fine to medium,clayey          |
| 260  | 271 | sand,fine to coarse,tan             |
| 271  | 275 | clay,fine,clayey,tan                |
| 275  | 296 | sand,fine to coarse,gravelly        |
| 296  | 310 | sand,fine,clayey,brown              |
| 310  | 320 | sandstone,unweathered               |