KOLAR Document ID: 1704745

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			

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	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	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	WELL WATER USE						
сомі	PLETION						
Dept	th of comp	leted we	ell:		ft.		
-	th(s) groui						
· ·	ft.;						
	ft.;						
Stati	Static water level in well: ft.						
	measured below land surface on (mm/dd/yy):						
	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? Yes	s No				
Wate	er well disi	nfected?	Yes	No			
Date	Date disinfected (mm/dd/yy):						

EAREST SOURCE OF P	OTENTIAL CONTAMINATIO			
Source:				
Distance	Direction			
from well: from well:				
Source				
description:				
Source:				
Distance	Direction			
from well: from well:				
Source description:				
No potential source within 100 feet.	e of contamination			
ERMIT & ID NUMBER	S (AS REQUIRED)			
DWR Application No.:				
KDHE / EPA Project C	Code:			
Site Name:				
KDHE UIC Class V Fo	orm Completed: Yes No			
County Permit: Yes	No Permit ID:			
Lease Name & Well #:				

of dewatering wells: _

Aquifer, if known:

LITHOLOGIC LOG FROM TO LITHOLOGY INTERVALS Image: Imag

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 Licer	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 your records. Fee of \$5.00 for each constructed well					
KANSAS DEPARTMENT 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	1704745		
Well Owner	J Russell Communities		
Contractor Weninger Drilling, LLC			

Lithology

From	То	Lithology Intervals
0	2	topsoil
2	14	clay,brown
14	18	sand,fine
18	26	sand,medium
26	48	gravel,fine to medium
48	56	clay,tan
56	71	sand,medium
71	80	sand,fine to medium,30/70