WELL ID

KOLAR DOC ID

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

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

LOCATION OF W	/ATER WELI	L						Original	Recor	d Correction	Chang	e in We	II Use
Latitude		Longitude			Section		Township		Range	E W Fraction	1/4	1/4	1/4
Datum		Elevation			County		_		-	.,,			
WATER WELL OV	VNER				WATER US	SE				NEAREST SOURCE OF PO	OTENTIAL C	ONTAMIN	NATION
Name										Source:			
Business				COMP	LETION					I			
Dusiness										Distance from well:	from we	ll:	
Address				1 -	-		rell: r encountered:		_ft.	Source description:			
				(1)	ft.;	(2)	ft.;			Source:			
Well location				(3) ft.; (4) dry well						Distance from well:		n ll:	
at owner's address				Static water level in well: ft. measured below land surface on (mm/dd/yy):						Source description:			
CONSTRUCTION	l	T		m	easured ab	ove la	nd surface			No potential source within 100 feet.	of contami	nation	
Borehole interva	al:	Borehole dia	meter:	or	(mm/dd/	yy):			_		(AS REOLII	IRED)	
fromto ft in.			in.	Estimated yield: gpm						PERMIT & ID NUMBERS (AS REQUIRED)			
fromto _	ft.		in.	Water	level was:		ft. after	hou	rs	DWR Application No.:			
Casing height at	ove land su	rface:	in.	pumping gpm					ı	KDHE / EPA Project Code:			
If casing height is less than 12 in.				Pump installed? Yes No						Site Name:			
has a variance been approved?* Yes No *variance not required for monitoring				Water well disinfected? Yes No						KDHE UIC Class V Form Completed: Yes No			
		diation wells		Date disinfected (mm/dd/yy):						County Permit: Yes No Permit ID: Lease Name & Well #:			
Casing type:										# of boreholes: # of dewatering wells:			
Blank casing int	erval:	ft. to	ft.	Aquif	er, if know	n:				# of borchoics.	# of dewater	ring wens:	
Blank casing dia				LITHO	LOGIC LO	G							
				FRO	м то	L	ITHOLOGY II	NTERVAL	S				
Weight:													
		no.:											
Blank casing into			ft.										
Blank casing dia													
Casing joints	s:lbs												
		no.:											
Grout interval:													
Grout mater													
Grout interval:				COMN	IENTS								
Grout mater	ial:												
Screen / perforat	ion material	:											
Screen / perfora				CONT	RACTOR'S	OR L	ANDOWNERS	S CERTIFIC	CATION				
Screen / perforat	ion intervals	·		This	water wel	l was	constructed	d red	constru	cted pursuant to t	he stated w	vater well	
From	Fromft. toft. contractor's license and was completed on I certify that this record is true to												
	unit _							=		·			
Fromft. toft.				the best of my knowledge and belief. This water well record was completed on, under the business name of,									
Slot size _	unit _												
Gravel pack intervals:				Kansas Water Well Contractor's License No under the authority of the designated									
Gravel pack not used: Gravel size in				person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the									
From	_ ft. to	ft.					ıt its submitta			·			
Gravel pack	not used:	Gravel size _	in	Send o	ne copy to	WATE				e for your records. Fee of \$5		constructe	ed well.
Erom f to f					KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT								

Form	WWC5.2 - Water Well Record
Doc ID	1710439
Well Owner	A & L Suiter Inc.
Contractor	Clarke Well & Equipment, Inc.

Lithology

From	То	Lithology Intervals
0	6	topsoil
6	12	sand,fine
12	41	clay,tannish,brown,with sand streaks
41	49	sand,fine to coarse
49	53	clay,tan
53	77	sand & gravel,fine to medium
77	99	sand & gravel,fine to coarse
99	100	clay,brown