KOLAR Document ID: 1703518

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

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 the has a variance been appr *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	SE			
сом	PLETION				
Dep	th of compl	eted we	ll:		ft.
Dep	th(s) groun	dwater	encounter	red:	
(1)_	ft.;	(2)	ft.;		
(3)_	ft.;	(4)	dry well		
Stati	ic water leve	el in wel	l:	ft.	
	neasured be on (mm/dd/		d surface		
	neasured at on (mm/dd/		d surface		
Estiı	mated yield	:	gpm		
Wate	er level was	:	ft. after		hours
			pumping		gpm
Pum	np installed	? Yes	No		
Wate	er well disir	nfected?	Yes	No	

Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential source within 100 feet.	of contamination
ERMIT & ID NUMBERS	(AS REQUIRED)
DWR Application No.:_	
KDHE / EPA Project Co	ode:
Site Name:	
KDHE UIC Class V For	m Completed: Yes No
County Permit: Yes	No Permit ID:

of boreholes: _____ # of dewatering wells: _

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Aquifer, if known: I ITHOLOGIC LOG

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS		

F

Lease Name & Well #:

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	1703518
Well Owner	Nutrien Ag #2
Contractor	Karst Water Well Drilling and Service, Inc.

Lithology

From	То	Lithology Intervals
0	2	topsoil
2	11	sand,fine,clayey,brownish
11	20	sand,fine,clayey,whiteish
20	37	sand,fine,clayey,brownish
37	45	gravel,fine
45	54	clay,medium,clayey,brownish
54	63	clay,tannish
63	71	sand,fine,clayey,tannish,gritty
71	92	sand,fine,gravelly
92	96	clay,light,tannish
96	105	shale,slightly weathered