## KOLAR Document ID: 1703527

## WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

Source description: Source:

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 th has a variance been app	roved?* Yes No
*variance not required for or environmental reme	
Casing type:	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	s/ft.
Wall thickness or gauge	no.:
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	s/ft.
Wall thickness or gauge	
Grout interval: ft. to	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	l:
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	
Gravel pack not used:	
From ft. to	

	County					
WELI	WATER U	SE				
сом	PLETION					
Dep	th of comp	leted w	ell:			ft.
Dep	th(s) groun	dwate	r en	countere	d:	
(1)_	ft.;	(2) _		ft.;		
(3) _	ft.;	(4)	d	ry well		
Stati	c water lev	el in w	ell:		_ft.	
-	neasured b on (mm/dd		nd	surface		
-	neasured al on (mm/dd		nd	surface		
Estiı	nated yield	:		gpm		
Wate	er level was	:		ft. after		hours
			p	umping _		gpm
Pun	np installed	? Y	es	No		

Yes No

## Distance Direction from well: from well: Source description: No potential source of contamination within 100 feet. PERMIT & ID NUMBERS (AS REQUIRED) DWR Application No.:\_ KDHE / EPA Project Code: \_\_\_\_ Site Name: KDHE UIC Class V Form Completed: Yes No County Permit: Yes No Permit ID: Lease Name & Well #: # of boreholes: \_\_\_\_\_ # of dewatering wells: \_

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Direction

from well:

## Aquifer, if known:

Water well disinfected?

Date disinfected (mm/dd/yy):

# LITHOLOGIC LOG 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 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 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	1703527	
Well Owner	L.P. Elim	
Contractor	Rosencrantz-Bemis Ent., Inc.	

## Lithology

From	То	Lithology Intervals
0	3	topsoil
3	12	clay,tan
12	22	sand,medium
22	28	clay,tan
28	35	clay,gray
35	63	sand,medium
63	65	shale,slightly weathered