_ 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 WATER WEI	LL				Original Reco	rd Correction	Change	in Wel	II Use
Latitude	Longitude		Section	Township	Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation		County			VV			
WATER WELL OWNER		WE	LL WATER US	 SE		NEAREST SOURCE OF PO	OTENTIAL CO	NTAMIN	NATION
Name						Source:			
Business		COI	MPLETION			Distance	Direction		
				atad wall:	6	from well:	from well:		
Address			Depth of completed well:ft. Depth(s) groundwater encountered:			Source description:			
			(1) ft.; (2) ft.;			Source:			
Well location			(3) ft.; (4) dry well				- ·		
			Static water level in well: ft.			from well:	from well:		
at owner's address			measured below land surface			Source description:			
CONSTRUCTION			on (mm/dd/			No potential source	of contamina	ation	
Borehole interval:			measured above land surface on (mm/dd/yy):			within 100 feet.			
fromto ft.				gpm		PERMIT & ID NUMBERS	(AS REQUIR	ED)	
fromto ft.		_ 20	•	ft. after	hours	DWR Application No.:_			
Casing height above land su	-			pumping		KDHE / EPA Project Co	ode:		
If casing height is less th			mp installed?	Yes No		Site Name:			
has a variance been app		s No				KDHE UIC Class V For	rm Completed	d: Yes	No
*variance not required to			Water well disinfected? Yes No			County Permit: Yes			
or environmental remediation wells Casing type:			Date disinfected (mm/dd/yy):			Lease Name & Well #: _			
Blank casing interval:	ft. to	ft. Ac	Aquifer, if known:			# of boreholes:	# of dewatering	ng wells:	
Blank casing diameter:	in.	LITI	HOLOGIC LO	G					
Casing joints:		FF	ком то	LITHOLOGY II	NTERVALS				
Weight:lb	os/ft.								
Wall thickness or gauge									
Blank casing interval:		ft.							
Blank casing diameter:									
Casing joints:									
Weight:lbs/ft. Wall thickness or gauge no.:									
Grout interval: ft. t									
Grout material:									
Grout interval:ft. toft.			MMENTS						
Grout material:									
Screen / perforation materia	ıl:								
Screen / perforation opening		COI	NTRACTOR'S	OR LANDOWNERS	CERTIFICATION				
Screen / perforation interval			is water wel	ll was constructed	d reconstru	icted pursuant to t	he stated wa	ter well	
Fromft. to	_ft.		This water well was constructed reconstructed pursuant to the stated water well contractor's license and was completed on . I certify that this record is true to						
Slot size unit						<u> </u>			
From ft. to ft. to ft. to ft. the best of my knowledge and belief. This water well record under the business name of						_			_
Slot size unit		Kansas Water Well Contractor's License No under the authority of the designated							
Gravel pack intervals:	l ne	person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the							
Gravei pack not used: Gravei size in designated parson at its submittel.						iaiaic O	1 1110		
From ft. to						e for your records Fee of \$5	00 for each co	nstructe	ed well
Gravel pack not used:	Gravel size _	in	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						

Form	WWC5.2 - Water Well Record		
Doc ID	1715984		
Well Owner	Gordon Winfrey		
Contractor	Hydro Resources Mid Continent, Inc. #145		

Lithology

From	То	Lithology Intervals
0	2	topsoil
2	49	clay,sandy,brown
49	56	sand,fine
56	93	clay,sandy,brown
93	150	sand,fine to coarse
150	159	clay,brownish,blue
159	225	sand,fine to coarse
225	234	clay,brownish,blue
234	320	sand,fine to coarse,loose
320	394	sand,fine to coarse,loose
394	439	sand,fine,clayey
439	461	sand,fine,caliche stringers
461	486	sandstone,moderately weathered,clayey
486	502	shale,slightly weathered
502	520	shale,unweathered,red