KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

OCATION OF WATER WELL	_				Orig	ginal Recor	d Correction	Change	ın Well	Us
Latitude	Longitude		S	ection	Township	Range	E W Fraction	1/4	1/4	1/2
Datum	Elevation		(County						
VATER WELL OWNER			WELL W	ATER USE			NEAREST SOURCE OF PO	TENTIAL CO	NTAMINA	\TIC
Name							Source:			
Business			COMPL	FTION			Distance	Direction		
Dusiness							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				Distance from well:	Direction		
at owner's address			Static water level in well: ft. measured below land surface				Source description:	nom wen.		
CONSTRUCTION				(mm/dd/y			No potential source	of contamin	ntion	_
CONSTRUCTION Borehole interval:	Borehole dia	meter:	measured above land surface on (mm/dd/yy):				No potential source of contamination within 100 feet.			
fromto ft.		in.	Ectima	ted vield:	gpm		PERMIT & ID NUMBERS	(AS REQUIR	ED)	
fromto ft.					ft. after	hours	DWR Application No:			
l.			water	ever was: _			DWR Application No.:KDHE / EPA Project Code:			
Casing height above land sur		in.	pumpinggpm				Site Name:			
If casing height is less that has a variance been appro		e No	Pump installed? Yes No				KDHE UIC Class V Form Completed: Yes			
has a variance been approved?* Yes No *variance not required for monitoring			Water well disinfected? Yes No				County Permit: Yes	-		
or environmental remediation wells			Date disinfected (mm/dd/yy):				Lease Name & Well #: _			
Casing type:							# of boreholes:			
Blank casing interval:	ft. to	ft.	Aquife	r, if known	:		# Of boreffoles.	# of dewaterin	ig weiis: _	
Blank casing diameter:	in.		LITHOL	OGIC LOG						
Casing joints:			FROM	то	LITHOLOGY INTE	RVALS				
Weight:lbs/	/ft.									
Wall thickness or gauge n	10.:									_
Blank casing interval:	ft. to	ft.								
Blank casing diameter:	in.									
Casing joints:										
Weight:lbs/	/ft.									
Wall thickness or gauge n	10.:									
Grout interval: ft. to	ft									
Grout material:										
Grout interval: ft. to										
Grout material:			COMM	NTS						
Screen / perforation material:										
Screen / perforation opening			CONTR	ACTOR'S	OR LANDOWNERS CEF	RTIFICATION				
Screen / perforation intervals:					was constructed	reconstru	cted pursuant to the	ne stated wa	ter well	
Fromft. to							•			
Slot size unit _					=		I certify that			
From ft. to				-	_		vell record was complete			
Slot size unit _										
Gravel pack intervals:			Kansa	s Water V	Vell Contractor's Lice	nse No	under the auth	ority of the	designat	ed
Gravel pack not used:	Gravel size		person	n as defin	ed in K.A.R. 28-30-2(j) and signed	d and certified by the ele	ectronic sign	ature of	th
From ft. to		m	design	ated pers	on at its submittal:					
Gravel pack not used:		2	Send on	e copy to V	VATER WELL OWNER		for your records. Fee of \$5.	.00 for each co	nstructed	l w
From ft. to		III			KANSAS DEPAR	TMENT OF H	EALTH AND ENVIRONME ackson St., Suite 420, Tope	ENT		

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	1679801		
Well Owner	David & Amy Hendricks		
Contractor	Woofter Pump & Well, Inc. #881		

Lithology

From	То	Lithology Intervals		
0	2	topsoil		
2	10	other,Loess		
10	56	clay		
56	141	other,Clay & caliche w/ trace sand		
141	149	other,Fine & medium sand w/ clay & caliche lenses		
149	159	other,Clay & caliche w/ sand lenses		
159	172	other,Fine & medium sand w/ clay & caliche lenses		
172	212	other,Clay & caliche w/ sand streaks		
212	297	other,Fine to some medium sand w/ clay & caliche streaks		
297	320	other,Fine & medium sand w/ clay lenses		
320	330	other,Yellow Ochre/Black shale		