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 WEL	L					Orio	ginal Recor	d Correction	Chang	e in Wel	l Use
Latitude	Longitude		Sec	ction	Townsh	ip	Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation		Co	unty				VV			
WATER WELL OWNER		V	VELL WA	-				NEAREST SOURCE OF PO	OTENTIAL C	ONTAMIN	IATION
Name								Source:			
Business			OMPLET	TION							
Dusiness								from well:	from wel	l:	
Address			Depth of completed well:ft. Depth(s) groundwater encountered:					Source description:			
Well location			(1) ft.; (2) ft.;					Source:			
		-	(3) ft.; (4) dry well					Distance from well:		n l:	
at owner's address			Static water level in well: ft. measured below land surface on (mm/dd/yy):					Source description:			
CONSTRUCTION			measi	ured abo	ve land surface			No potential source within 100 feet.	of contami	nation	
Borehole interval:	Borehole dia		on (m	nm/dd/y	у):			PERMIT & ID NUMBERS	(AS REQUI	RED)	
fromto ft.				_	gpm						
fromto ftin.			Water level was: ft. afterhours					DWR Application No.:			
Casing height above land surface:in.			pumping gpm					KDHE / EPA Project Code:			
If casing height is less than 12 in. has a variance been approved?* Yes No			Pump installed? Yes No					Site Name: KDHE UIC Class V Form Completed: Yes No			
*variance not required for monitoring			Water well disinfected? Yes No					County Permit: Yes No Permit ID:			
or environmental remediation wells			Date disinfected (mm/dd/yy):					Lease Name & Well #:			
Casing type:	G .		Aquifer, if known:					# of boreholes:			
Blank casing interval:		—" L									
Blank casing diameter: Casing joints:		-	ITHOLOG FROM	TO	LITHOLOG	VINTER	DVALC				
Weight:lbs			FROIN	10	LITHOLOG	II IIVIE	TVALS				
Wall thickness or gauge											
Blank casing interval:											
Blank casing diameter:											
Casing joints:											
Weight:lbs	s/ft.										
Wall thickness or gauge	no.:	_									
Grout interval: ft. to	ft.										
Grout material:											
Grout interval:ft. to											
Grout material:		(OMMEN	ITS							
Screen / perforation material											
Screen / perforation opening			ONTRAC	CTOR'S	OR LANDOWN	ERS CER	RTIFICATION				
Screen / perforation intervals							reconstru	cted pursuant to t	he stated w	ater well	
Fromft. to			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 _						_		•			
From ft. to	From ft. to ft. to ft. under the business name of							_			
Slot size unit under the business name of											
Gravel pack intervals:	Kansas Water Well Contractor's License No under the authority of the designated										
Gravel pack not used: Gravel sizein person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature designated person at its submittal:							gnature o	t the			
From ft. to	ft.										
Gravel pack not used:	Gravel pack not used: Gravel sizein Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed w							ed well.			

Form	WWC5.2 - Water Well Record		
Doc ID	1718320		
Well Owner	TONY RHODES		
Contractor	4 Brothers LLC		

Lithology

From	То	Lithology Intervals
0	3	topsoil
3	35	clay,brown
35	45	sand & gravel,fine
45	60	sand,fine to medium
60	75	sand & gravel,fine
75	95	sand & gravel,medium to coarse
95	120	sand & gravel,medium
120	121	shale,slightly weathered,red