KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

OCATION OF WATER V	WELL					Origina	al Recor	d Co	rrection	Chang	je in We	ll Use
Latitude	Longitude		S	Section	Townshi	р	Range	E	Fraction	1/4	1/4	1/4
Datum	Elevation			County				**				
WATER WELL OWNER			WELL WATER USE					NEAREST SOURCE OF POTENTIAL CONTAMINATION				
Name												
Business			COMPL	ETION				Dictance		Directio	n	
Dusiness								from well:		from we	ell:	
Address					ted well:		ft.	Source descriptio	n.			
			1 1		water encountered (2) ft.;	ea:		•				
Well location					(4) dry well			Source:		D: .:		
			-					from well:	:	Direction from we	n ell:	
at owner's			Static water level in well:ft.					Source				
address			measured below land surface on (mm/dd/yy):					descriptio	n: 			
ONSTRUCTION				•	ove land surface					ce of contam	ination	
Borehole interval:	Borehole dia	meter:	on	(mm/dd/y	y):				100 feet.			
fromto ft		in.	Estimated yield: gpm					PERMIT & ID NUMBERS (AS REQUIRED)				
fromto ft		in.			ft. after	ho	urs	DWR Application No.:				
Casing height above lan	*				pumping	gp	m	KDHE / EPA Project Code:				
If casing height is less than 12 in.			Pump installed? Yes No					Site Name:				
has a variance been		s No			. 10					orm Comple		
*variance not required for monitoring or environmental remediation wells			Water well disinfected? Yes No Date disinfected (mm/dd/yy):					County Permit: Yes No Permit ID:				
Casing type:	emediation wens		Date d	isinfected	(mm/dd/yy):							
Blank casing interval:	ft. to	ft.	Aquife	r, if knowr	ı:			# of boreh	oles:	# of dewate	ring wells:	
Blank casing diameter:		'	LITHOL	OGIC LOG	i							
Casing joints:		[FROM	то	LITHOLOG	/ INTERVA	LS					
Weight:	_lbs/ft.											
Wall thickness or ga	uge no.:											
Blank casing interval:	ft. to	ft.										
Blank casing diameter:	in.											
Casing joints:												
Weight:												
Wall thickness or ga	uge no.:											
Grout interval:	ft. toft.	-										
Grout material:												
Grout interval:	ft. toft.		COMMI	ENTS								
Grout material:			COMINI	IN I S								
Screen / perforation mat												
Screen / perforation ope					OR LANDOWNE							
Screen / perforation inte					was construc		econstru	-		the stated v		
Fromft. to					ense and was co	=			-			
Slot size u				-	knowledge and				_			
From ft. to			under	the busin	ness name of _							,
Slot size u	mnt		Kansa	s Water V	Well Contractor	's License	No	uı	nder the au	thority of th	ne design	ated
Gravel pack intervals: Gravel pack not used	le Graval siza		person	n as defin	ed in K.A.R. 28	8-30-2(j) a	nd signe	d and certif	ied by the	electronic si	gnature o	of the
From ft. to		in	design	nated pers	son at its subm	ttal:						
Gravel pack not used		in	Send on	e copy to V	WATER WELL O	WNER and	retain one	e for your rec	ords. Fee of	\$5.00 for each	construct	ed wel

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Form	WWC5.2 - Water Well Record
Doc ID	1718865
Well Owner	T53 LLC
Contractor	Chase Drilling

Lithology

From	То	Lithology Intervals
0	3	topsoil
3	18	clay,sandy
18	41	sand,fine
41	47	clay,light,tannish
47	96	clay,fine,sandy
96	134	sand,medium
134	140	shale,broken,greenish