_ 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:			
			-	(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/	yy): ove land surface		No potential source	of contamina	ation	
Borehole interval:	Borehole dia	meter:	on (mm/dd/			within 100 feet.			
fromto ft.				gpm		PERMIT & ID NUMBERS	(AS REQUIR	ED)	
fromto ft.		_ 20	•	ft. after	hours	DWR Application No.:_			
	-			pumping		KDHE / EPA Project Co	ode:		
Casing height above land surface:in. If casing height is less than 12 in.			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 for monitoring			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. toft.			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									
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		the best of my knowledge and belief. This water well record was completed on 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						
Gravel pack not used:	in -	designated person at its submittal:							
From ft. to						e for your records Fee of \$5	00 for each co	onstructe	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	1725698
Well Owner	Irrigation Unlimited
Contractor	Weninger Drilling, LLC

Lithology

From	То	Lithology Intervals
0	2	topsoil
2	4	clay,brown
4	7	sand,fine
7	9	clay,silty,brown
9	37	sand,medium to coarse
37	42	shale,moderately weathered,gray
42	45	shale,moderately weathered,red
45	50	shale,highly weathered,gray