KOLAR DOC ID \_\_\_\_\_ WELL ID\_

## **WATER WELL RECORD** (WWC-5)

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

LOCATION OF WATER WE	LL					Origina	ıl Recor	d Correction	Chang	e in Wel	ll Use
Latitude	Longitude		Section		Township		Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation		County								
WATER WELL OWNER		W	ELL WATER U	JSE				NEAREST SOURCE OF PO	TENTIAL C	ONTAMIN	NATION
Name								Source:			
Business		CC	MPLETION					Distance from well:		n	
			anth of comm	alatad v	wall.		ft.	from well:	from wel	ll:	
Address			Depth of completed well:ft.  Depth(s) groundwater encountered:					Source description:			
Well location			(1) ft.; (2) ft.; (3) ft.; (4) dry well					Source:	Direction		
								from well:	from wel		
at owner's			Static water level in well: ft.					Source			
address			measured below land surface on (mm/dd/yy):					description:			
CONSTRUCTION			measured a	above la	and surface			No potential source of within 100 feet.	of contami	nation	
Borehole interval:	Borehole dia		on (mm/do	1/yy):				PERMIT & ID NUMBERS	(AS REQUI	RED)	
fromto ft.		in.   E	stimated yield	d:	gpm				(1.011.201		
fromto ft.	_	in V	Water level was:ft. afterhours					DWR Application No.:			
Casing height above land s	urface:		pumping gpm					KDHE / EPA Project Code:			
If casing height is less than 12 in.			Pump installed? Yes No					Site Name:			
has a variance been approved?* Yes No			Water well disinfected? Yes No					KDHE UIC Class V Form Completed: Yes No			
*variance not required for monitoring or environmental remediation wells			Date disinfected (mm/dd/yy):					County Permit: Yes No Permit ID:  Lease Name & Well #:			
Casing type:			- die distilicett	(11111							
Blank casing interval:	ft. to	ft. A	quifer, if kno	wn:				# of boreholes: #	of dewater	ring wells:	
Blank casing diameter:	in.	LIT	HOLOGIC L	OG							
Casing joints:		<u> </u>	ROM T	0	LITHOLOGY I	NTERVA	LS				
Weight:l											
Wall thickness or gauge											
Blank casing interval:		ft.									
Blank casing diameter:	<u> </u>										
Casing joints:											
Weight:l											
Wall thickness or gauge	e no.:										
Grout interval: ft.											
Grout material:											
	toft.	cc	MMENTS								
Grout material:											
Screen / perforation materi			ALTD A CTC -	/C CD :	ANDONALES	·	CATION				
Screen / perforation opening					LANDOWNERS					. 11	
Screen / perforation interva					s constructed		econstru	1			
Fromft. to						-		I certify that			
Slot size unit					-			well record was complete			
Slot size unit											
Gravel pack intervals:		K	Cansas Wate	r Well	Contractor's	License 1	No	under the auth	ority of th	e designa	ated
Gravel pack not used:	Gravel size	<sub>in</sub>     p	erson as de	fined i	n K.A.R. 28-3	30-2(j) ar	nd signe	d and certified by the ele	ctronic się	gnature o	of the
From ft. to	ft.		esignated p	erson	at its submitta	al:					
Gravel pack not used:	Gravel size	in	nd one copy to	o WAT	ER WELL OW	NER and	retain one	e for your records. Fee of \$5.0	00 for each	constructe	ed well.

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	1720596	
Well Owner	Diane & Jerry McReynolds	
Contractor	Rosencrantz-Bemis Ent., Inc.	

## Lithology

From	То	Lithology Intervals
0	3	topsoil
3	25	clay,red/brown
25	54	clay,tan
54	58	sand,fine
58	60	clay,gray
60	75	sand,fine
75	80	sand,fine,clayey
80	90	sand,fine
90	92	clay,tan
92	98	sand,fine,clayey
98	125	sand,fine
125	130	sand,fine,clayey
130	135	sand,fine
135	138	clay,tan
138	150	sand,fine
150	200	sand,fine,Equus bed sand