\_ 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:				
			(1) ft.; (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/			No potential source	of contamina	ation		
Borehole interval:			measured above land surface on (mm/dd/yy):			within 100 feet.				
fromto ft.						PERMIT & ID NUMBERS	(AS REQUIR	ED)		
fromtoftin.			Estimated yield: gpm  Water level was: ft. after hours			DWR Application No.:				
Casing height above land surface: in.			pumping gpm			KDHE / EPA Project Code:				
If casing height is less th			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 to			Water well disinfected? Yes No			County Permit: Yes No Permit ID:				
or environmental remediation wells  Casing type:			Date disinfected (mm/dd/yy):			Lease Name & Well #: _				
Blank casing interval:	ft. to	ft. Ac	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. t		COI	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.		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							_		
Slot size unit	Slot size unit Kansas Water Well Contractor's License No under the authority of the designa						, ated			
Gravel pack intervals:										
	Gravei pack not used: Gravei sizein							1 1110		
From ft. to			Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.							
Gravel pack not used:	Gravel size _	in	KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT							

Form	WWC5.2 - Water Well Record		
Doc ID	1728640		
Well Owner	Hudson Louderbaugh		
Contractor	Kemp's Well Service #213		

## Lithology

From	То	Lithology Intervals
0	3	topsoil,fine,sandy
3	9	sand,fine to coarse
9	12	sand,fine to coarse,strongly cemented
12	18	sand,fine to coarse
18	23	sand,fine to coarse,strongly cemented
23	31	other,fine,strongly cemented,Yellow chalk rock, hard
31	53	clay,very fine,Yellow
53	61	clay,very fine,Mostly white with a little yellow
61	64	shale,unweathered,dark,black ,very hard