### KOLAR Document ID: 1725737

## WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

Lease Name & Well #: \_\_\_\_

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

WELL ID\_\_\_\_\_ Change in Well Use

#### LOCATION OF WATER WELL

Latitude	Longitude	Section	Township	Range	E W	Fraction	1⁄4	1⁄4	1⁄4
Datum	Elevation	County							

#### WATER WELL OWNER

Name			
Business			
Address			
Well location			
at owner's address			

#### CONSTRUCTION

Borehole interval:	Borehole diameter:
fromtoft.	in.
fromtoft.	in.
Casing height above land su	
If casing height is less th has a variance been app *variance not required fo	roved?* Yes No
or environmental reme	U U
Casing type:	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	no.:
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	no.:
Grout interval: ft. to	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	:
Screen / perforation opening	gs:
Screen / perforation interval	s:
Fromft. to	_ft.
Slot size unit	
Fromft. to	_ft.
Slot size unit	
Gravel pack intervals:	
Gravel pack not used:	Gravel size in
From ft. to	ft.
Gravel pack not used:	
From ft. to	

	County						
WELL	WATER U	SE					
сомі	PLETION						
Dept	th of comp	leted we	ll:		_ft.		
Dept	th(s) grou	ndwater	encounter	ed:			
(1)_	ft.;	(2)	ft.;				
(3)_	ft.;	(4)	dry well				
Stati	Static water level in well: ft.						
	measured below land surface on (mm/dd/yy):						
	measured above land surface on (mm/dd/yy):						
Estir	nated yield	l:	gpm				
Wate	er level wa	s:	ft. after		hours		
			pumping		gpm		
Pum	p installed	l? Yes	No				
Wate	Water well disinfected? Yes No						
Date	Date disinfected (mm/dd/yy):						

NEAREST SOURCE OI	F POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sou within 100 feet.	rce of contamination
PERMIT & ID NUMBI	ERS (AS REQUIRED)
DWR Application N	0.:
	t Code:
Site Name:	
KDHE UIC Class V	Form Completed: Yes No
County Permit: Y	es No Permit ID:

# Aquifer, if known:

FROM	то	LITHOLOGY INTERVALS

#### COMMENTS

#### CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well
contractor's license and was complete	ed on	. I certify that this record is true to
the best of my knowledge and belief.	This water well rec	ord was completed on
under the business name of		
Kansas Water Well Contractor's Lice	nse No	under the authority of the designated
person as defined in K.A.R. 28-30-20	j) and signed and c	ertified by the electronic signature of the
designated person at its submittal:		·
Send one copy to WATER WELL OWNER	and retain one for you	r records. Fee of \$5.00 for each constructed well
KANSAS DEPAR	TMENT 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 1725737		
Well Owner Shirley Parrish		
Contractor	Backhus Well Drilling, LLC	

## Lithology

From	То	Lithology Intervals
0	3	topsoil
3	24	clay,reddish
24	45	shale,moderately weathered,yellowish
45	60	limestone,slightly weathered,whiteish
60	80	shaley limestone,unweathered,yello wish
80	120	shaley limestone,moderately weathered,whiteish
120	130	shale,unweathered,blueish