_ 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 WATE | R WELL | | | | Or | riginal Recor | rd Correction | Change in Well U | | |
|---------------------------------------|--|--------|--|--|--|-----------------|--------------------------------------|----------------------------------|--|--|
| Latitude | Longitude | | Se | ection | Township | Range | E W Fraction | 1/4 1/4 | | |
| Datum | Elevation | | Co | ounty | | | ** | | | |
| WATER WELL OWNE | R | l | WELL W | ATER USE | | | NEAREST SOURCE O | F POTENTIAL CONTAMINATI | | |
| Name | | | | | | | Source: | | | |
| Business | | | COMPLE | TION | | | Distance | Direction | | |
| | | | | | ad wall. | 4 | from well: | from well: | | |
| Address | | | Depth of completed well:ft. Depth(s) groundwater encountered: | | | 11. | Source description: | | | |
| | | | (1) ft.; (2) ft.; | | | | | | | |
| Well location | | | (3) ft.; (4) dry well | | | | Source: | | | |
| | | | Static water level in well: ft. | | | | from well: | Direction from well: | | |
| at owner's address | | | Static water level in well: ft. measured below land surface | | | | Source | | | |
| address | | | on (mm/dd/yy): | | | | description: | | | |
| CONSTRUCTION | | | meas | sured abov | ve land surface | | No potential sou within 100 feet. | arce of contamination | | |
| Borehole interval: | Borehole dia | meter: | on (ı | nm/dd/yy | y): | | | ERS (AS REQUIRED) | | |
| fromto | _ ft | in. | Estimate | ed yield: _ | gpm | | PERIVITI & ID NOMB | ERS (AS REQUIRED) | | |
| fromto ft in. | | | Water level was:ft. afterhours | | | hours | 1 | No.: | | |
| Casing height above land surface:in. | | | pumping gpm | | | gpm | KDHE / EPA Projec | et Code: | | |
| If casing height is less than 12 in. | | | Pump installed? Yes No | | | | Site Name: | | | |
| has a variance been approved?* Yes No | | | Water well disinferenced? V. N. | | | | | Form Completed: Yes | | |
| | uired for monitoring al remediation wells | | Water well disinfected? Yes No | | | | · · | es No Permit ID: | | |
| Casing type: | | | Date disinfected (mm/dd/yy): | | | | | #: | | |
| Blank casing interval | :ft. to | ft. | Aquifer, | if known: | : | | # of boreholes: | # of dewatering wells: | | |
| Blank casing diamete | er:in. | | LITHOLO | GIC LOG | | _ | | | | |
| Casing joints: | | | FROM | то | LITHOLOGY INT | ERVALS | | | | |
| Weight: | lbs/ft. | | | | | | | | | |
| Wall thickness or | gauge no.: | | | | | | | | | |
| Blank casing interval | | ft. | | | | | | | | |
| Blank casing diamete | | | | | | | | | | |
| Casing joints: | | | | | | | | | | |
| Weight: | | | | | | | | | | |
| Wall thickness or | gauge no.: | | | | | | | | | |
| Grout interval: | ft. toft. | | | | | | | | | |
| Grout material:_ | | | | | | | | | | |
| Grout interval: | ft. toft. | | COMMEI | NTC | | | | | | |
| Grout material:_ | | | COMME | NIS | | | | | | |
| | | | | | | | | | | |
| Screen / perforation r | | | | | | | | | | |
| Screen / perforation | | | | | OR LANDOWNERS C | | | | | |
| Screen / perforation i | | | | | was constructed | | • | to the stated water well | | |
| Fromft. to | | | | | - | | • | that this record is true to | | |
| | _ unit | | the bes | t of my k | nowledge and belie | f. This water v | well record was comp | oleted on | | |
| From ft. to ft. under the business r | | | | | ess name of | | | , | | |
| Slot size | | | Kansas | Water W | Vell Contractor's Lic | ense No | under the a | authority of the designated | | |
| Gravel pack intervals: | | | | | on as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the | | | | | |
| Gravel pack not used: Gravel sizein | | | | designated person at its submittal: | | | | | | |
| | | . | | | | | e for your records. Fee o | of \$5.00 for each constructed w | | |
| 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 | 1737337 |
| Well Owner | Brenda Willard |
| Contractor | Associated Drilling, Inc. #990 |

Lithology

| From | То | Lithology Intervals |
|------|-----|--------------------------------|
| 0 | 3 | clay |
| 3 | 15 | shale,unweathered |
| 15 | 16 | limestone,unweathered |
| 16 | 37 | shale,unweathered |
| 37 | 38 | limestone,unweathered |
| 38 | 46 | shale,unweathered |
| 46 | 65 | limestone,completely weathered |
| 65 | 75 | limestone,unweathered |
| 75 | 84 | shale,unweathered |
| 84 | 94 | limestone,unweathered |
| 94 | 100 | shale,unweathered |