_ 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:		
							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 disinfected? 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.		COMME	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	
Fromft. toft.				under the business name of,					
Slot size			Kansas	Water W	Vell Contractor's Lic	ense No	under the a	authority of the designated	
Gravel pack intervals:				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: Gravel size in From ft. to ft.				designated person at its submittal:					
		.					e for your records. Fee o	of \$5.00 for each constructed w	
Gravel pack not u	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	1738159
Well Owner	Kirby Quinn
Contractor	Weninger Drilling, LLC

Lithology

From	То	Lithology Intervals
0	2	topsoil
2	28	clay,brown
28	32	sand,fine
32	35	clay,white
35	40	sand,fine
40	48	sand,medium to coarse
48	55	sand,medium,clayey,tannish
55	64	sand & gravel,medium to coarse
64	70	shale,moderately weathered,gray,hard