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)

LOCATION OF	WATER WELL	_					Or	iginal Record	d Co	orrection	Change	e in Wel	ll Use	
Latitude		Longitude			Section	То	wnship	Range	E	Fraction	1/4	1/4	1/4	
Datum		Elevation			County		T	8	V	V				
WATER WELL	OWNER			WELL	WATER US	 SE			NEAREST	SOURCE OF P	OTENTIAL C	ONTAMIN	NATION	
Name														
Business				COME	PLETION				1		<b>-</b>			
Dustiless									from wel	1:	_ from wel	l:		
Address				-	-	eted well: _ dwater enco	ountered:	ft.	Source descripti	on:				
				(1)_	ft.;	(2)	_ ft.;		Source:					
Well location				(3)_	ft.;	(4) dry	well		·			1 1.		
at owner's address				n		el in well: elow land su			Source descripti		_ Holli wei	1		
CONSTRUCTION				n	measured above land surface				No potential source of contamination within 100 feet.					
	Borehole interval: Borehole diameter:			on (mm/dd/yy):					PERMIT & ID NUMBERS (AS REQUIRED)					
fromto			in.			grgr		,	DWD A	anlication No.				
fromto		<u> </u>		Wate	Water level was: ft. afterhours					DWR Application No.:  KDHE / EPA Project Code:				
	t above land sur		in.	Pum	pumping gpm					Site Name:				
	neight is less tha ance been appro		No	Pump installed? Yes No					KDHE UIC Class V Form Completed: Yes No					
*variance	not required fo	r monitoring		Water well disinfected? Yes No					County Permit: Yes No Permit ID:					
	nmental remed	liation wells		Date disinfected (mm/dd/yy):					Lease Name & Well #:					
Casing type:_	interval:	ft to		Aquifer, if known:					# of boreholes: # of dewatering wells:					
_	diameter:		1ι.		LOGIC LO									
_	ints:			FRO			DLOGY INT	FRVAI S						
	lbs.				10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
_	cness or gauge r													
	interval:													
Blank casing o	diameter:	in.												
Casing joi	ints:													
Weight:	lbs.	/ft.												
Wall thick	kness or gauge r	10.:	_											
Grout interva	ıl:ft. to	ft.												
Grout ma	terial:													
Grout interva	l: ft. to	ft.												
Grout ma	terial:			COMI	MENTS									
Screen / noufe	ration material:													
_	oration opening			CONT	RACTOR'S	ORLAND	OWNERS CI	ERTIFICATION						
_	ration opening					ll was cor		reconstruc	rtad	pursuant to t	the stated w	ator woll		
										•				
Fromft. toft.  Slot size unit				contractor's license and was completed on I certify that this record is true to the best of my knowledge and belief. This water well record was completed on										
	ft. to				-	_				=			-	
Slot size unit			under the business name of											
Gravel pack intervals:			Kansas Water Well Contractor's License No under the authority of the designated											
Gravel pack not used: Gravel size in			person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the											
From ft. to ft.				designated person at its submittal:										
Gravel pac	ck not used:	Gravel size	in	Send o	one copy to			R and retain one	•			constructe	ed well.	
From ft. to ft.				KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT										

Form	WWC5.2 - Water Well Record
Doc ID	1737208
Well Owner	T R Esfeldt
Contractor	Rosencrantz-Bemis Ent., Inc.

## Lithology

From	То	Lithology Intervals
0	3	topsoil
3	6	clay,brown
6	35	shale,slightly weathered,yellowish
35	75	shale,slightly weathered,gray
75	180	clay,red
180	215	sandstone,slightly weathered
215	223	clay,red