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	DI ETION				1		-			
Dusiness				COMPLETION					from well: from well:					
Address			Depth of completed well:ft. Depth(s) groundwater encountered:				ft.	Source description:						
				(1)_	(1) ft.; (2) ft.;									
Well location			(3)_	(3) ft.; (4) dry well				Distance Direction from well:						
at owner's address			Static water level in well: ft. measured below land surface on (mm/dd/yy):					Source description:						
CONSTRUCTION				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.		Estimated yield: gpm Water level was: ft. after hours					DWD Application M.				
fromto		<u> </u>		Wate	er level was:			I .	DWR Application No.:					
	t above land sur		in.	pumpinggpm					KDHE / EPA Project Code: 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		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
_	ness or gauge r													
Blank casing interval: ft. to ft.														
Blank casing diameter:in.														
Casing joi	ints:													
Weight:	lbs.	/ft.												
Wall thickness or gauge no.:														
Grout interval: ft. to ft.														
Grout ma														
Grout interval: ft. toft.														
Grout material:					MENTS									
Screen / noufe	ration material:													
_				CONT	RACTOR'S	ORLAND	OWNERS CI	ERTIFICATION						
Screen / perforation openings: Screen / perforation intervals:				This water well was constructed reconstructed pursuant to the stated water well										
Fromft. toft.				-										
Slot size unit				contractor's license and was completed on I certify that this record is true to										
Fromft. toft.				the best of my knowledge and belief. This water well record was completed on										
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 pack not used: Gravel sizein				Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.										
Fromft. toft.					KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT									

Form	WWC5.2 - Water Well Record
Doc ID	1745527
Well Owner	Christian Stevenson
Contractor	McPherson Drilling Co.

Lithology

From	То	Lithology Intervals
0	8	clay
8	18	shale,unknown,brown
18	29	shale,unknown,gray
29	31	shale,unknown,red
31	34	limestone,unknown
34	59	shale,unknown,gray
59	67	shale,unknown,brown
67	74	limey shale,fractured
74	88	shale,unknown,brownish,gray
88	140	other,unknown,shale and gyp