WATER WELL RECORD (WWC-5)

From ft. to ft.

KOLAR DOCID WELL ID **Original Record** Correction Change in Well Use LOCATION OF WATER WELL E W Fraction $\frac{1}{4}$ Latitude Longitude Section Township Range Datum Elevation County WATER WELL OWNER **WELL WATER USE NEAREST SOURCE OF POTENTIAL CONTAMINATION** Source: Name Direction Distance Business COMPLETION from well: from well: Depth of completed well: ft. Source Address description: Depth(s) groundwater encountered: ft.; (2) Source: Well location dry well Distance Direction from well: from well: Static water level in well: ft. at owner's Source address measured below land surface description: on (mm/dd/yy): No potential source of contamination CONSTRUCTION measured above land surface within 100 feet. on (mm/dd/yy): Borehole interval: Borehole diameter: PERMIT & ID NUMBERS (AS REQUIRED) to from in. Estimated yield: gpm DWR Application No.:_ ft. from to in. Water level was: _ ft. after hours KDHE / EPA Project Code: pumping _ gpm Casing height above land surface: in. Site Name: Pump installed? No If casing height is less than 12 in. has a variance been approved?* KDHE UIC Class V Form Completed: Yes No No Yes Water well disinfected? Yes No *variance not required for monitoring County Permit: Yes No Permit ID: or environmental remediation wells Date disinfected (mm/dd/yy): Lease Name & Well #: Casing type: # of boreholes: ____ # of dewatering wells: _ Aquifer, if known: Blank casing interval: ft. to Blank casing diameter: in. LITHOLOGIC LOG Casing joints:_ FROM LITHOLOGY INTERVALS __lbs/ft. Weight: Wall thickness or gauge no.: ___ Blank casing interval: ft. to Blank casing diameter: in. Casing joints: Weight: lbs/ft. Wall thickness or gauge no.: ft. to Grout interval: Grout material: ft. to ft. Grout interval: COMMENTS Grout material: Screen / perforation material: Screen / perforation openings: CONTRACTOR'S OR LANDOWNERS CERTIFICATION Screen / perforation intervals: This water well was constructed reconstructed pursuant to the stated water well ft. to ft. contractor's license and was completed on ____ _. I certify that this record is true to Slot size ____ unit __ the best of my knowledge and belief. This water well record was completed on From ft. to ft. under the business name of _ Slot size unit Kansas Water Well Contractor's License No. under the 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 designated person at its submittal: From ft. to ft. 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.

Form	WWC5.2 - Water Well Record
Doc ID	1768937
Well Owner	Kent & Connie Lamb Trust
Contractor	Rosencrantz-Bemis Ent., Inc.

Lithology

From	То	Lithology Intervals
0	4	topsoil,sandy
4	9	sand & gravel,medium,loose
9	14	clay,gray,& white clay
14	28	clay,sandy,brown
28	35	sand & gravel,fine,to small
35	42	sand & gravel,fine,to small w/ clay
42	92	sand & gravel, fine to medium, w/ some pea gravel
92	102	clay,sandy,tan
102	105	sand,coarse,cemented
105	115	clay,sandy,tan
115	140	sand & gravel,fine to medium,w/ some clay