WELL ID

KOLAR DOCID

WATER WELL RECORD (WWC-5)

From ft. to ft.

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. gpm Estimated yield: 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 Yes No 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. Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Gravel pack not used: Gravel size in

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367

Form	WWC5.2 - Water Well Record
Doc ID	1775364
Well Owner	KDHE - BER
Contractor	GSI Engineering, LLC

Lithology

Enthology Litheless Alexander			
From	То	Lithology Intervals	
0	3	clay-lean,LEAN CLAY - 0.5' of concrete, 0.25' of sand (fine to medium coarse grains) to lean clay, dark brown, high plasticity, solid consistency, strong odor, moist.	
3	4	clay-lean,- Tan, gravel lense, moderate odor.	
4	5	clay-lean,- Dark brown, strong odor.	
5	6	clay-lean,- Weathered shale, some oxidation, grey/brown.	
6	7.5	clay-lean,- Some shale particulates.	
7.5	8	clay-lean,- Heavily oxidized, moderate odor.	
8	9	clay-lean,- Shale lense.	
9	11	clay-lean,- Grey/green.	
11	13	clay-lean,- Tan.	
13	15	clay-lean,- Grey/green.	
15	16	clay-lean,- Oxidized.	
16	18	clay-lean,- Grey/green.	
18	19	clay-lean,- Shale lense, tan/grey.	
19	20	clay-lean,- Grey/green.	

