KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

OCATION OF WATER V	VELL				0	riginal Recor	rd Co	rrection	Chang	e in Wel	l Use
Latitude	Longitude		Se	ection	Township	Range	E W	Fraction	1/4	1/4	1/4
Datum	Elevation		Co	ounty	-		**				
WATER WELL OWNER			WELL WATER USE				NEAREST S	OURCE OF I	POTENTIAL C	ONTAMIN	ATION
Name											
Business			COMPLE	TION			Dictance		Direction	2	
Dusiness							from well:		_ from wel	l:	
Address			Depth of completed well:ft.			Source description:					
			1 -	-	rater encountered:		_				
Well location			(1) ft.; (2) ft.; (3) ft.; (4) dry well				Source:				
Well location							Distance from well:	:	Direction from wel	n l:	
at owner's			Static water level in well: ft.				Source				
address			measured below land surface on (mm/dd/yy):				description:				
CONSTRUCTION					e land surface		No pot	ential sourc	e of contami	nation	
Borehole interval: Borehole diameter:			on (mm/dd/yy):				within 100 feet.				
fromto ft.		in.	Fetimate	ed vield:	gpm		PERMIT &	ID NUMBER	S (AS REQUI	RED)	
fromtoft.					gpm ft. after	hours	DWR Apı	olication No.	:		
	•		vvater re				1				
Casing height above land surface:in. If casing height is less than 12 in.			pumping gpm Pump installed? Yes No				KDHE / EPA Project Code: Site Name:				
has a variance been		s No	1		100 -11		KDHE UI	C Class V F	orm Complet	ed: Yes	No
*variance not require			Water well disinfected? Yes No				County Permit: Yes No Permit ID:				
or environmental remediation wells			Date disinfected (mm/dd/yy):				Lease Name & Well #:				
Casing type:	G. 4		Aquifer	if known:			1		# of dewater		
Blank casing diameters		п.									
Blank casing diameter: Casing joints:			FROM	TO	LITHOLOGY INT	TEDWALC					
Weight:			FROM	10	LITHOLOGY INT	EKVALS					
Wall thickness or ga											
Blank casing interval:											
Blank casing diameter:											
Casing joints:											
Weight:											
Wall thickness or ga	_										
Grout interval:											
Grout interval:											
Grout material:		COMMENTS									
Grout material.											
Screen / perforation mate	erial·										
Screen / perforation ope			CONTRA	CTOR'S O	R LANDOWNERS O	ERTIFICATION					
Screen / perforation inter					was constructed	reconstru		nirgiant to	the stated w	ater well	
Fromft. to					nse and was compl		•				
Slot size u					_			-			.0
From ft. to				-	nowledge and beli			=			_
Slot size u					ess 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 define	d in K.A.R. 28-30-	-2(j) and signe	d and certif	ied by the e	lectronic sig	gnature o	f the
From ft. to _		designated person at its submittal:									
Gravel pack not used		.	Send one	copy to W	ATER WELL OWN	ER and retain one	e for your rec	ords. Fee of \$	5.00 for each	constructe	d well

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367

(785) 296-3565 | K.S.A. 82a-1212 | v2022c

Form	WWC5.2 - Water Well Record
Doc ID	1772576
Well Owner	Comfort Homes
Contractor	Premier Pump & Well Service, Inc. #238

Lithology

From	То	Lithology Intervals
0	2	fill (man-made material)
2	6	topsoil
6	24	clay,brown
24	42	clay,fine,sandy,brown,fine sand layers
42	55	clay,brownish,tan
55	64	sand,fine to medium
64	80	shale,highly weathered,gray,loose