## **WATER WELL RECORD** (WWC-5)

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

<b>NATER WELL REC</b>	ORD (W	NC-5)				KOLAR D	OC ID	WELL ID_		
OCATION OF WATER WELI	L				Ori	ginal Recor	d Correction	Chang	e in Wel	ll Use
Latitude	Longitude		Se	ection	Township	Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation		С	ounty						
ATER WELL OWNER			WELL W	ATER USE			NEAREST SOURCE OF F	OTENTIAL C	ONTAMIN	NATIO
ame							Source:			
Susiness			COMPLE	TION			Distance	Direction	 n	
Justificas						_	from well:	_ from wel	l:	
Address					ed well:	ft.	Source			
			1 .		water encountered:		description:			
Vell location					(2) ft.;		Source:			
ven location					(4) dry well		Distance from well:	Direction from wel	a ll:	
at owner's					in well: ft.		Source			
address			I	sured belo mm/dd/y	ow land surface		description:			
DNSTRUCTION					ve land surface		No potential source	e of contami	nation	
Borehole interval:	Borehole dia	neter:		mm/dd/y			within 100 feet.			
romto ft.		in.	Estimat	ed vield:	gpm		PERMIT & ID NUMBER	S (AS REQUI	RED)	
romto ft.					ft. after	hours	DWR Application No.:	:		
			vvater iv		pumping		KDHE / EPA Project C			
Casing height above land sur		in.	Pump i		Yes No	_ 87***	Site Name:			
If casing height is less that has a variance been appr		No	Tump I		105 100		KDHE UIC Class V Fo			No
*variance not required for monitoring			Water well disinfected? Yes No				County Permit: Yes No Permit ID:			
or environmental remed	diation wells		Date di	sinfected (	mm/dd/yy):		Lease Name & Well #:			
Casing type:			Aquifor	, if known			# of boreholes:			
Blank casing interval:		ft.								
Blank casing diameter:				OGIC LOG		D) (A) C				
Casing joints: lbs			FROM	то	LITHOLOGY INTE	KVALS				
Weight:lbs Wall thickness or gauge										
Blank casing interval:										
slank casing diameter:										
Casing joints:										
	s/ft.									
Wall thickness or gauge										
Grout material: ft. to										
Grout material:  Grout interval: ft. to										
Grout material:			COMME	NTS						
Grout material.										
creen / perforation material										
creen / perforation opening			CONTRA	ACTOR'S (	OR LANDOWNERS CE	RTIFICATION				
creen / perforation intervals					was constructed	reconstru		the stated w	ater well	
Fromft. to							•			
Slot size unit					_		I certify the			
From ft. to				=	-		well record was comple			
Slot size unit _										
Gravel pack intervals:							under the aut	-	_	
Gravel pack not used:	Gravel size	in	person	as defin	ed in K.A.R. 28-30-2	(j) and signe	d and certified by the e	lectronic się	gnature o	f the
From ft. to			design	ated pers	on at its submittal:_		·			_
Gravel pack not used:		in	Send one	copy to V	VATER WELL OWNER	and retain one	e for your records. Fee of \$	5.00 for each	constructe	ed 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	1777943
Well Owner	TAMMY BARAY
Contractor	Phil-Mar, Inc. d.b.a. Howard Drilling Company

## Lithology

From	То	Lithology Intervals
0	5	topsoil
5	70	clay
70	80	sand,medium
80	100	clay,sandy
100	130	clay
130	145	clay,sandy
145	149	clay,sandy
149	170	clay,tannish
170	190	clay,sandy
190	200	sand,coarse
200	220	clay,tannish
220	240	clay,sandy
240	250	clay,blueish
250	254	sand,coarse
254	280	sand,coarse