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	38	V	V				
WATER WELL	OWNER			WELL	WATER US	 SE			NEAREST	SOURCE OF P	OTENTIAL C	ONTAMIN	NATION	
Name														
Business				COME	DI ETION				1		<b>-</b>			
Dusiness				COMPLETION					from well: from well:					
Address			-	Depth of completed well:ft.  Depth(s) groundwater encountered:				Source description:						
				(1)_	ft.;	(2)	_ ft.;		Source:					
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				n	neasured ab	ove land su	rface		No po withi	otential source n 100 feet.	of contami	nation		
Borehole interval: Borehole diameter:				on (mm/dd/yy):					PERMIT & ID NUMBERS (AS REQUIRED)					
fromto			in.		Estimated yield: gpm					DAMB A DE CE M				
fromto		<u> </u>		Wate	Water level was:ft. afterhours					DWR Application No.:				
	t above land sur		in.	Pum	n inetalled?		nping	gpm	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													
	interval:													
Blank casing o	diameter:	in.												
Casing joi	ints:													
Weight:	lbs.	/ft.												
Wall thick	kness or gauge r	10.:	_											
Grout interva	ıl:ft. to	ft.												
Grout ma	terial:													
Grout interval: ft. toft.														
Grout ma	terial:			COMI	MENTS									
Screen / noufe	ration material:													
_	oration opening			CONT	RACTOR'S	ORLAND	OWNERS CI	ERTIFICATION						
_									rtad	nurcuant to t	the stated w	ator woll		
Screen / perforation intervals:  Fromft. toft.				This water well was constructed reconstructed pursuant to the stated water well										
Slot size unit				contractor's license and was completed on I certify that this record is true to the best of my knowledge and belief. This water well record was completed on										
	ft. to				-	_				=			-	
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 pac	ck not used:	Gravel size	in	Send o	one copy to			R and retain one	•			constructe	ed well.	
Fromft. to ft.					KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT									

Form	WWC5.2 - Water Well Record
Doc ID	1782345
Well Owner	Tony Cohoon
Contractor	Nash Water Well Service, LLC

## Lithology

From	То	Lithology Intervals
0	4	topsoil
4	34	clay,Tan
34	190	other,Blue Shale & Rock Layers
190	220	clay,Blue & Shale
220	240	clay,Blue with Tight gray sandstone 20%
240	260	sandstone,unknown,Tight Gray with gray clay tight 75%
260	280	sandstone,unknown,Tight Gray with gray clay tight 50%
280	330	sandstone,unknown,Tight Gray with gray clay tight 75%
330	340	sandstone,unknown,Gray with gray clay loose 90%
340	400	sandstone,unknown,Gray Sandstone loose 95%
400	420	sandstone,unknown,Fine Gray & Gray Clay tight