_ 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)

From _____ ft. to _____ ft.

LOCATION OF WATER WEI	LL				Original Reco	rd Correction	Change	in Wel	II Use
Latitude	Longitude		Section	Township	Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation		County			VV			
WATER WELL OWNER		WE	LL WATER US	 SE		NEAREST SOURCE OF PO	OTENTIAL CO	NTAMIN	NATION
Name						Source:			
Business		COI	MPLETION			Distance	Direction		
				atad wall:	6	from well:	from well:		
Address			Depth of completed well:ft. Depth(s) groundwater encountered:			Source description:			
			(1) ft.; (2) ft.;			Source:			
Well location			(3) ft.; (4) dry well				- ·		
			Static water level in well: ft.			from well:	from well:		
at owner's address			measured below land surface			Source description:			
CONSTRUCTION			on (mm/dd/			No potential source	of contamina	ation	
Borehole interval:			measured above land surface on (mm/dd/yy):			within 100 feet.			
fromto ft.			Estimated yield: gpm			PERMIT & ID NUMBERS (AS REQUIRED)			
fromtoftin.			Water level was: ft. afterhours			DWR Application No.:			
Casing height above land su	-		pumping gpm			KDHE / EPA Project Code:			
If casing height is less th			mp installed?	Yes No		Site Name:			
has a variance been approved?* Yes No			_			KDHE UIC Class V For	rm Completed	d: Yes	No
*variance not required for monitoring			Water well disinfected? Yes No			County Permit: Yes No Permit ID:			
or environmental remediation wells Casing type:			Date disinfected (mm/dd/yy):			Lease Name & Well #: _			
Blank casing interval:	ft. to	ft. Ac	Aquifer, if known:			# of boreholes:	# of dewatering	ng wells:	
Blank casing diameter:	in.	LITI	HOLOGIC LO	G					
Casing joints:		FF	ком то	LITHOLOGY II	NTERVALS				
Weight:lb	os/ft.								
Wall thickness or gauge									
Blank casing interval:		ft.							
Blank casing diameter:									
Casing joints:									
Weight:lb									
Wall thickness or gauge									
Grout interval: ft. t									
Grout material:									
Grout interval: ft. t		COI	MMENTS						
Grout material:									
Screen / perforation materia	ıl:								
Screen / perforation opening		COI	NTRACTOR'S	OR LANDOWNERS	CERTIFICATION				
Screen / perforation interval			is water wel	ll was constructed	d reconstru	icted pursuant to t	he stated wa	ter well	
Fromft. to	_ft.		This water well was constructed reconstructed pursuant to the stated water well contractor's license and was completed on . I certify that this record is true to						
Slot size unit						<u> </u>			
From ft. to	the best of my knowledge and belief. This water well record was completed on under the business name of							_	
Slot size unit	Slot size unit Kansas Water Well Contractor's License No under the authority of the designa						, ated		
Gravel pack intervals:									
Gravei pack not used: Gravei sizein						1 1110			
From ft. to									
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. KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT								

Form	WWC5.2 - Water Well Record		
Doc ID	1738281		
Well Owner	Stanton Stalling		
Contractor	Nash Water Well Service, LLC		

Lithology

From	То	Lithology Intervals
0	10	other, white rock caliche & fine sand streaks
10	15	sand,fine to coarse
15	21	other,Red Sand Rock
21	30	sand,fine,tight
30	43	clay,tan with fine sand
43	70	sand,fine
70	76	clay,tan yellow sticky with fine sand streaks
76	105	shale,unknown,blue & sandstone streaks