KOLAR Document ID: 1784261

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

KDHE UIC Class V Form Completed: Yes No

County Permit: Yes No Permit ID: ____

of boreholes: _____ # of dewatering wells: _

PERMIT & ID NUMBERS (AS REQUIRED)

Direction

from well:

Direction

from well:

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: _ Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:_____ KDHE / EPA Project Code: ____

Lease Name & Well #:

Source description:

Source description: Source: _____ Distance

Correction

Original Record

WELL ID_____ Change in Well Use

LOCATION OF WATER WELL

Latitude	Longitude	Section	Township	Range	E W	Fraction	1⁄4	1⁄4	1⁄4
Datum	Elevation	County							

WATER WELL OWNER

Name				
Business				
Address				
Well location				
at owner's address				
CONCEPTION				

CONSTRUCTION

Borehole interval:	Borehole diameter:
fromtoft.	in.
fromtoft.	in.
Casing height above land su	
If casing height is less th has a variance been app *variance not required fo	roved?* Yes No
or environmental reme	U U
Casing type:	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	no.:
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	no.:
Grout interval: ft. to	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	:
Screen / perforation opening	gs:
Screen / perforation interval	s:
Fromft. to	_ft.
Slot size unit	
Fromft. to	_ft.
Slot size unit	
Gravel pack intervals:	
Gravel pack not used:	Gravel size in
From ft. to	ft.
Gravel pack not used:	
From ft. to	

	County					
WELL	WATER U	SE				
сом	PLETION					
Dep	th of comp	leted w	ell:			ft.
-	th(s) groun					
(1)_	ft.;	(2)		ft.;		
(3) _	ft.;	(4)	dr	y well		
Stati	c water leve	el in we	ell: _		_ft.	
	neasured bo on (mm/dd/		nd s	urface		
	neasured al on (mm/dd/		nd s	urface		
Estir	nated yield	:		gpm		
Wate	er level was	:	1	ft. after _		hours
			pu	mping_		gpm
Pum	np installed	? Ye	es	No		

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

Aquifer, if known:

FROM	то	LITHOLOGY INTERVALS

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well
contractor's license and was complete	ed on	I certify that this record is true to
the best of my knowledge and belief.	This water well rec	ord was completed on
under the business name of		······,
Kansas Water Well Contractor's Licer	nse No	under the authority of the designated
person as defined in K.A.R. 28-30-2(j) and signed and c	ertified by the electronic signature of the
designated person at its submittal:		
Send one copy to WATER WELL OWNER	and retain one for you	r records. Fee of \$5.00 for each constructed well.
KANSAS DEPAR	TMENT 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	1784261	
Well Owner	/ell Owner Brookover Feed Yard	
Contractor	Hydro Resources Mid Continent, Inc. #145	

Lithology

From	То	Lithology Intervals
0	2	topsoil
2	12	clay,sandy
12	20	sand & gravel,fine to coarse,gravelly
20	31	clay
31	34	sand,fine
34	47	clay,caliche stringers
47	51	sand,fine
51	90	clay
90	102	sand,fine to coarse,gravelly
102	129	clay
129	135	sand,fine to medium
135	154	clay
154	181	clay,sandy
181	197	sand,fine to coarse,gravelly
197	209	clay,sandy
209	255	sand,fine to coarse
255	258	clay,sandy
258	280	sand,fine to coarse,gravelly
280	318	sand,fine,clayey
318	335	sand,fine to medium
335	346	shale,completely weathered
346	360	shale,unweathered,black