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	PLETION				1		<b>-</b>			
Dustiless									from wel	1:	_ from wel	l:		
Address				-	Depth of completed well:ft.  Depth(s) groundwater encountered:				Source descripti	on:				
				(1)_	ft.;	(2)	_ ft.;		Source:					
Well location				(3)_	(3) ft.; (4) dry well				Distance Direction from well:					
at owner's address				n		el in well: elow land su			Source descripti		_ Holli wei	1		
CONSTRUCTION				n	measured above land surface				No potential source of contamination within 100 feet.					
Borehole interval: Borehole diameter:				on (mm/dd/yy):					PERMIT & ID NUMBERS (AS REQUIRED)					
fromto			in.		Estimated yield:gpm					DIATE Analization No.				
fromto		<u> </u>		Wate	Water level was: ft. afterhours pumping gpm					DWR Application No.:				
	t above land sur		in.	Pum	n inetalled?			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		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
_	cness 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										
From ft. to ft.				the best of my knowledge and belief. This water well record was completed on										
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 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.										
From ft. to ft.				KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT										

Form	WWC5.2 - Water Well Record
Doc ID	1784686
Well Owner	Trademark Inc
Contractor	Weninger Drilling, LLC

## Lithology

From	То	Lithology Intervals
0	2	topsoil
2	4	clay,brown
4	7	clay,silty,tan
7	12	sand,fine
12	31	sand,medium to coarse
31	42	sand,fine to medium
42	55	sand & gravel,medium to coarse
55	60	clay,tan