## KOLAR Document ID: 1785742

# 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

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:

## 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	
CONCERNICE	

#### CONSTRUCTION

Borehole interval:	Borehole diameter:
fromtoft.	in.
fromtoft.	in.
Casing height above land su	
If casing height is less the has a variance been appr *variance not required fo	roved?* Yes No
or environmental remed	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	ft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	:
Screen / perforation opening	gs:
Screen / perforation intervals	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 US	SE					
сом	PLETION						
Dep	th of compl	eted w	vell:	:		ft.	
Dep	th(s) groun	dwate	r en	ncountere	ed:		
(1)_	ft.;	(2)		ft.;			
(3) _	ft.;	(4)	d	ry well			
Stati	c water leve	el in w	ell:		_ft.		
r c							
measured above land surface on (mm/dd/yy):							
Estiı	nated yield:	:		gpm			
Wate	er level was:	:		ft. after		hours	
			p	umping_		gpm	
Pum	np installed?	Y	es	No			

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

# Aquifer, if known:

# LITHOLOGIC LOG

IHOLOG							
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 Lice	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

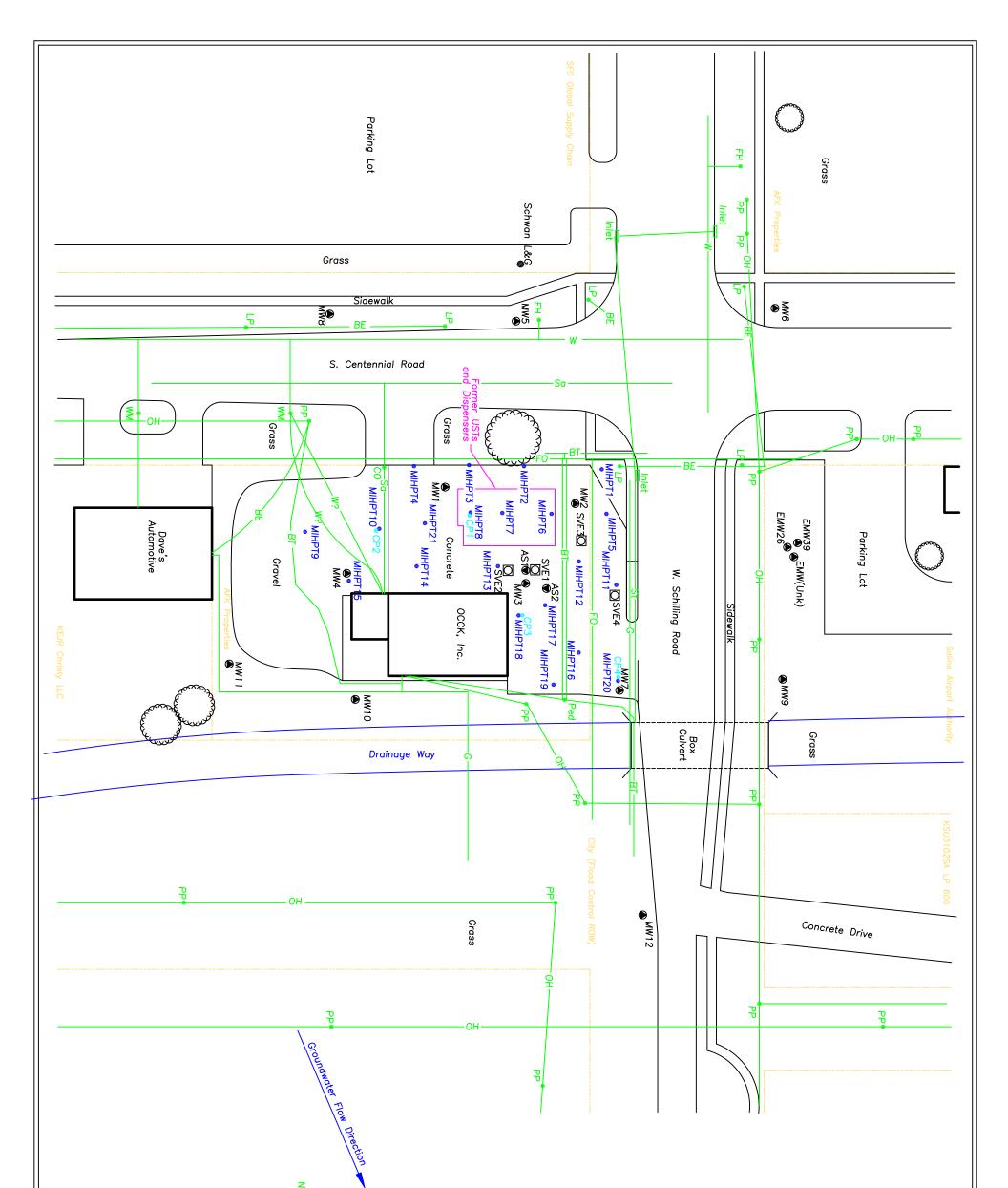


Figure 1.3 CGP, Inc. PO Box 23, Wahoo, NE 68066	KUK Addendum CGP Project #23971K Prepared By: MK Date: 11-29-2023 Revised By: MK Date: 07-08-2024	Site Map AFK SOC Salina, Kansas KDHE Project Code: U5-085-14787	s are approximate, plotted from "811" stimates of private lines (i.e. water om cleanouts and meters. Locations s upon as exact locations. Contractor r locating all utilities in vicinty of work.	0 50 100
.3 100, NE 68066	1um 23971K e: 11-29-2023 e: 07-08-2024	C sas -085-14787	"811" ter titons should actor f work.	100

Note: All utilites locates and est and sewer) fror not be relied u responsible for