KOLAR Document ID: 1785729

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

N

F

Lease Name & Well #: _

of boreholes: _____ # of dewatering wells: ____

Correction

Original Record

WELL ID_____ Change in Well Use

LOCATION OF WATER WELL

Latitude	Longitude	Section	Т	Township	F	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	

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			
сомі	PLETION				
Dept	th of compl	eted well	l:		ft.
	th(s) groun				
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4)	lry well		
Stati	c water leve	el in well	:	ft.	
	neasured be on (mm/dd/		l surface		
	neasured at on (mm/dd/		lsurface		
Estir	nated yield	:	_ gpm		
Wate	er level was	:	_ft. after		hours
		I	oumping		gpm
Pum	p installed	Yes	No		
Wate	er well disir	fected?	Yes	No	

IEAREST SOURCE OF F	POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sourc within 100 feet.	e of contamination
PERMIT & ID NUMBER	S (AS REQUIRED)
DWR Application No.	
KDHE / EPA Project C	Code:
Site Name:	
KDHE UIC Class V Fo	orm Completed: Yes No
County Permit: Yes	No Permit ID:

Aquifer, if known:

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed re	econstructed	pursuant to the stated water well
contractor's license and was completed o	n	I certify that this record is true to
the best of my knowledge and belief. This	s water well recor	rd was completed on
under the business name of		,
Kansas Water Well Contractor's License	No	under the authority of the designated
person as defined in K.A.R. 28-30-2(j) ar	nd signed and cer	tified by the electronic signature of the
designated person at its submittal:		
Send one copy to WATER WELL OWNER and	retain one for your	records. Fee of \$5.00 for each constructed well.
KANSAS DEPARTME	ENT OF HEALTH A	ND 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

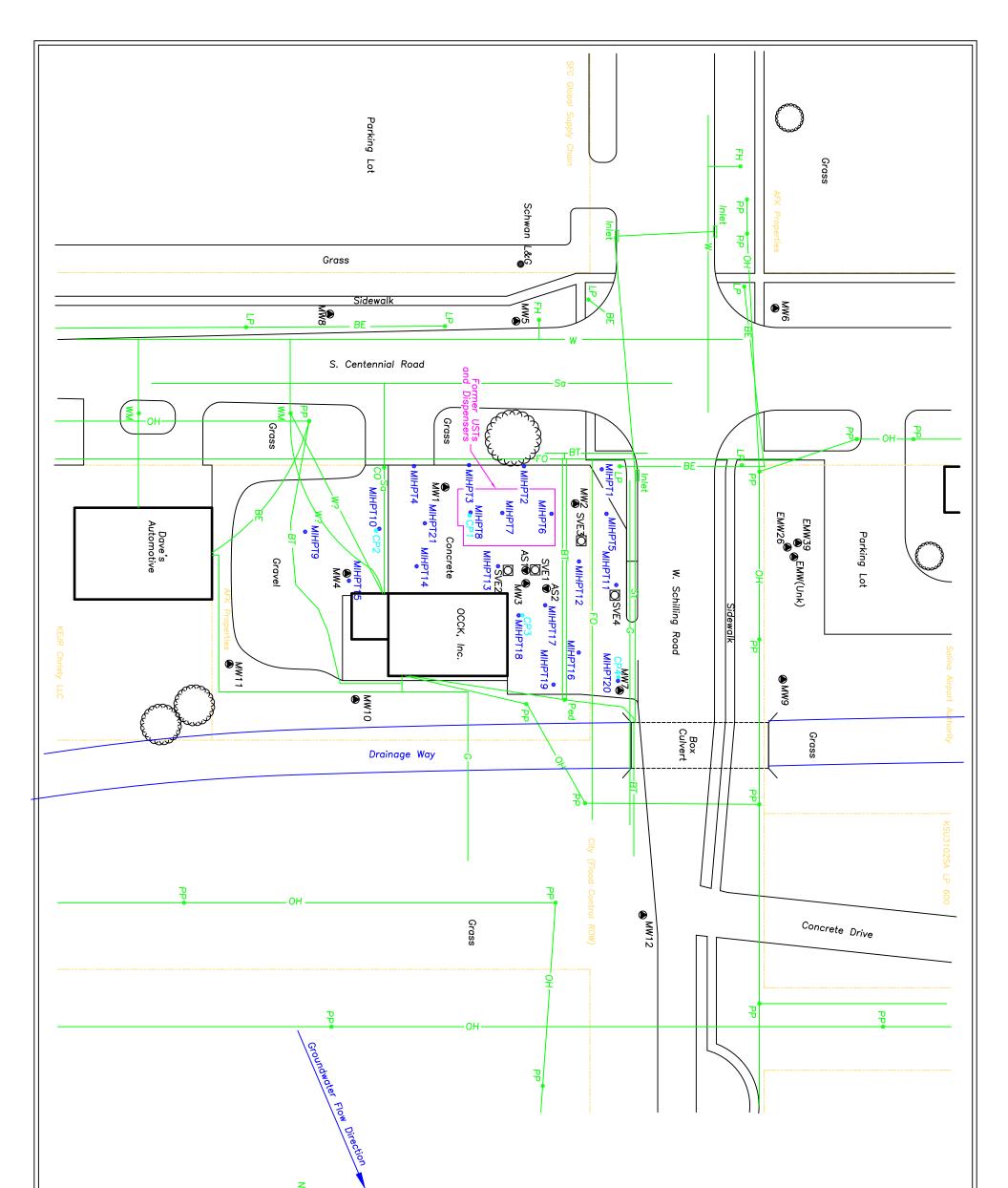


Figure 1.3 CGP, Inc. PO Box 23, Wahoo, NE 68066	KUK Addendum CGP Project #23971K Prepared By: MK Date: 11-29-2023 Revised By: MK Date: 07-08-2024	Site Map AFK SOC Salina, Kansas KDHE Project Code: U5-085-14787	s are approximate, plotted from "811" stimates of private lines (i.e. water om cleanouts and 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