## **WATER WELL RECORD** (WWC-5)

Gravel pack not used: Gravel size in

From ft. to ft.

## **KOLAR DOCID** WELL ID **Original Record** Correction Change in Well Use LOCATION OF WATER WELL E W Fraction $\frac{1}{4}$ Latitude Longitude Section Township Range Datum Elevation County WATER WELL OWNER **WELL WATER USE NEAREST SOURCE OF POTENTIAL CONTAMINATION** Source: Name Direction Distance Business COMPLETION from well: from well: Depth of completed well: ft. Source Address description: Depth(s) groundwater encountered: ft.; (2) Source: Well location dry well Distance Direction from well: from well: Static water level in well: ft. at owner's Source address measured below land surface description: on (mm/dd/yy): No potential source of contamination CONSTRUCTION measured above land surface within 100 feet. on (mm/dd/yy): Borehole interval: Borehole diameter: PERMIT & ID NUMBERS (AS REQUIRED) to from in. gpm Estimated yield: DWR Application No.:\_ ft. from to in. Water level was: \_ ft. after hours KDHE / EPA Project Code: pumping \_ gpm Casing height above land surface: in. Site Name: Pump installed? No If casing height is less than 12 in. has a variance been approved?\* KDHE UIC Class V Form Completed: Yes No Yes No Water well disinfected? Yes No \*variance not required for monitoring County Permit: Yes No Permit ID: or environmental remediation wells Date disinfected (mm/dd/yy): Lease Name & Well #: Casing type: # of boreholes: \_\_\_\_ # of dewatering wells: \_ Aquifer, if known: Blank casing interval: ft. to Blank casing diameter: in. LITHOLOGIC LOG Casing joints:\_ FROM LITHOLOGY INTERVALS \_\_lbs/ft. Weight: Wall thickness or gauge no.: \_\_\_ Blank casing interval: ft. to Blank casing diameter: in. Casing joints: Weight: lbs/ft. Wall thickness or gauge no.: ft. to Grout interval: Grout material: ft. to ft. Grout interval: COMMENTS Grout material: Screen / perforation material: Screen / perforation openings: CONTRACTOR'S OR LANDOWNERS CERTIFICATION Screen / perforation intervals: This water well was constructed reconstructed pursuant to the stated water well ft. to ft. contractor's license and was completed on \_\_\_\_ \_. I certify that this record is true to Slot size \_\_\_\_ unit \_\_ the best of my knowledge and belief. This water well record was completed on From ft. to ft. under the business name of \_ Slot size unit Kansas Water Well Contractor's License No. under the authority of the designated Gravel pack intervals: person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the Gravel pack not used: Gravel size \_\_\_\_\_in designated person at its submittal: From ft. to ft.

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

Form	WWC5.2 - Water Well Record
Doc ID	1789938
Well Owner	Kansas Corporation Commission
Contractor	Environmental Works, Inc.

## Lithology

From	То	Lithology Intervals
0	12	sand,fine,silty,tan,iron oxide staining
12	25	other,No Recovery
25	43	sand,fine,silty,orangeish,tan,ir on oxide staining
43	49.5	clay,silty,light,brownish,orang e,iron oxide staining
49.5	55	silt,clayey,brown
55	57	clay,silty,grayish,brown
57	59	silt,grayish,brown
59	64	silt,clayey
64	77	clay,silty,brownish,gray
77	80	other,Unknown Recovery
80	86.5	sand,fine,silty,brownish,orang e,iron oxide staining
86.5	87.5	silt,clayey,brownish,gray,iron oxide staining
87.5	99	clay,silty,gray
99	106	clay,silty,brownish,gray
106	109	sand,very fine,silty,gray
109	113	sand,fine,silty,gray
113	115	silt,sandy,greenish,gray
115	117	clay,silty,grayish,blue
117	117.5	caliche,light,gray,4" CaCO3 layer, gravelly nodules
117.5	123	clay,sandy,grayish,white

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From	То	Lithology Intervals
123	124	silt,clayey,light,gray
124	129	clay,sandy,grayish,white
129	131	clay,silty,greenish,blue
131	136.5	sand,fine,silty,gray
136.5	137	clay,silty,grayish,green
137	140	clay,silty,grayish,green
140	145	silt,clayey,grayish,brown
145	147.5	sand,fine,silty,brownish,tan
147.5	153	clay,silty,olive
153	157.5	clay,sandy,light,gray
157.5	167.5	clay,grayish,brown,Some Marl present