### KOLAR Document ID: 1794572

## WATER WELL RECORD (WWC-5)

KOLAR DOC ID

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				

#### 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 for or environmental reme	
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:	
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	
Grout interval: ft. to	oft.
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	
Gravel pack not used:	
From ft. to	

### WELL WATER USE

COMPLETION						
Depth of completed well:ft.						
Depth(s) groundwater encountered:						
(1) ft.; (2) ft.;						
(3) ft.; (4) dry well						
Static water level in well: ft.						
measured below land surface on (mm/dd/yy):						
measured above land surface on (mm/dd/yy):						
Estimated yield: gpm						
Water level was: ft. afterhours						
pumping gpm						
Pump installed? Yes No						
Water well disinfected? Yes No						
Date disinfected (mm/dd/yy):						

NEAREST SOURCE O	F POTENTIAL CONTAMINATION		
Source:			
Distance from well:	Direction from well:		
Source description:			
Source:			
Distance from well:	Direction from well:		
Source description:			
No potential sou within 100 feet.	irce of contamination		
PERMIT & ID NUMB	ERS (AS REQUIRED)		
	No.:		
KDHE / EPA Projec	et Code:		
Site Name:			
KDHE UIC Class V Form Completed: Yes No			

# Lease Name & Well #: \_\_\_\_\_\_\_ # of dewatering wells: \_\_\_\_\_\_

County Permit: Yes No Permit ID:

## Aquifer, if known:

### LITHOLOGIC LOG

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	rr 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	1794572	
Well Owner	Todd Heitschmidt	
Contractor Rosencrantz-Bemis Ent., Inc.		

## Lithology

From	То	Lithology Intervals
0	3	topsoil
3	25	shale,slightly weathered,yellowish
25	85	shale,slightly weathered,gray
85	98	shale,slightly weathered,white
98	120	shale,slightly weathered,clayey,red
120	210	shale,slightly weathered,gray
210	235	sandstone,slightly weathered
235	240	shale,slightly weathered,clayey,red