KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

OCATION OF WATER W	VELL.				1	Original Reco	ord Correction	Change	e in Well	l Use
Latitude	Longitude		:	Section	Township	Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation		(County						
WATER WELL OWNER			WELLV	VATER USI			NEAREST SOURCE OF	POTENTIAL CO	NTAMIN	ATIO
Name							Source:			
Business			COMPI	ETION			Distance	Direction	1	
Dusiness							from well:	from well	l:	
Address			-	-	ted well:	ft.	Source			
			Depth(s) groundwater encountered:			description:				
Well location				(1) ft.; (2) ft.;			Source:			
wen location			(3) ft.; (4) dry well			Distance from well:	Direction from well	ι l :		
at owner's			Static water level in well: ft.				Source			
address					ow land surface		description:			
CONSTRUCTION				(mm/dd/y	y): ve land surface		No potential source	ce of contamir	nation	
Borehole interval:	Borehole dia	meter:		asured abo (mm/dd/y			within 100 feet.			
fromtoft.					·		PERMIT & ID NUMBE	RS (AS REQUI	RED)	
					gpm	,	DIAID Application No.			
fromto ft.			vvater	ievei was: _	ft. after		DWR Application No.:KDHE / EPA Project Code:			
Casing height above land		in.	pumping gpm Pump installed? Yes No				Site Name:			
If casing height is less than 12 in. has a variance been approved?* Yes No			Pump	mstaneu:	Yes No		KDHE UIC Class V F			Nο
has a variance been approved?* Yes No *variance not required for monitoring			Water well disinfected? Yes No			County Permit: Yes No Permit ID:				
or environmental remediation wells			Date disinfected (mm/dd/yy):			Lease Name & Well #				
Casing type:							# of boreholes:			
Blank casing interval:		ft.	Aquite	er, if known	:			" of dewater	————	
Blank casing diameter:			LITHOL	OGIC LOG	i					
Casing joints:			FROM	и то	LITHOLOGY IN	NTERVALS				
Weight:										
Wall thickness or gau		I .								
Blank casing interval:		ft.								
Blank casing diameter:										
Casing joints:										
Weight:										
Wall thickness or gau	ige no.:									
Grout interval:1	ft. toft.									
Grout material:										
Grout interval:	ft. toft.		СОММ	ENTC						
Grout material:			COMIN	ENIS						
Screen / perforation mate										
Screen / perforation ope			CONTR	ACTOR'S	OR LANDOWNERS	CERTIFICATIO	V			
Screen / perforation inter			This v	water well	was constructed	l reconstr	ucted pursuant to	the stated w	ater well	
Fromft. to			contr	actor's lice	ense and was com	pleted on	I certify th	at this record	l is true t	Ю.
Slot size u			the be	est of my l	knowledge and be	lief. This water	well record was comple	eted on		
From ft. to			under	r the busir	ness name of					,
Slot size u	nit						under the au			
Gravel pack intervals:							ed and certified by the	•	_	
Gravel pack not used		in	1 -		son at its submitta	,	ca and confined by the		uic Ol	
From ft. to _	ft.						o for many 1 P C	φε οο f 1		J "
Gravel pack not used	: Gravel size	in	Send or	ne copy to V	VATER WELL OWN	NEK and retain of	ne for your records. Fee of	\$5.00 for each o	constructe	d well

KANSAS DEPARTMENT 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	1799133
Well Owner	Apex Lawn and Irrigation
Contractor	Weninger Drilling, LLC

Lithology

From	То	Lithology Intervals
0	2	topsoil
2	7	clay,brown
7	12	clay,silty,white
12	43	clay-fat,white
43	50	sand,fine to medium
50	57	sand,medium
57	60	sand,coarse
60	61	shale,moderately weathered,red
61	70	sand,medium
70	100	shale,moderately weathered,greenish,red