Change in Well Use

WELL ID

Correction

KOLAR DOC ID

(785) 296-3565 | K.S.A. 82a-1212 | v2022c

Original Record

WATER WELL RECORD (WWC-5)

OCATION OF WATER	WELL													
Latitude	Longitude			Section		Township		Range	E W	Fraction	1/4	1/4	1/4	
Datum	Elevation			County					,,					
WATER WELL OWNER			WELL	WATER U	SE				NEAREST S	OURCE OF	POTENTIAL	CONTAMIN	ATION	
Name									Source:					
Business			COMP	LETION					Distance		Directi	on		
Busiliess									from well:	:	from w	ell:		
Address						ll:encountered:		ft.	Source descriptio	n:				
			(1)	ft.;	(2)	ft.;			Source:					
Well location			(3)	ft.;	(4)	dry well			Distance		Directi	on ell:		
at owner's address			m	easured b	elow lan	l: ft d surface	•		Source descriptio			· · · · · · · · · · · · · · · · · · ·		
CONSTRUCTION				ı (mm/dd, easured al	• • •				No pot	tential sour	ce of contam	ination		
Borehole interval:	Borehole dia	meter:	I	easurea at ı (mm/dd/		a surface				100 feet.				
fromto ftin.									PERMIT & ID NUMBERS (AS REQUIRED)					
			Estimated yield: gpm Water level was: ft. after hours					ıre	DWR Application No.:					
			vvater	ievei was		_ π. aner pumping			KDHE / EPA Project Code:					
Casing height above lan		in.	Pumr	installed			\$P ¹		Site Name:					
If casing height is less than 12 in. has a variance been approved?* Yes No			- T dilip	motanea	. 168	110			KDHE UIC Class V Form Completed: Yes No					
*variance not required for monitoring			Water	well disir	nfected?	Yes No			County Permit: Yes No Permit ID:					
or environmental i	Date	disinfecte	d (mm/c	ld/yy):			Lease Name & Well #:							
Casing type:			1. 10. 101						# of boreholes: # of dewatering wells:					
Blank casing interval:		ft.	Aquit	er, if knov	wn:						" or do wat			
Blank casing diameter:				LOGIC LO										
Casing joints:			FRO	м то) LI	THOLOGY IN	ITERVAI	LS						
Weight:														
Wall thickness or g														
Blank casing interval:		ft.												
Blank casing diameter:														
Casing joints:														
Weight:														
Wall thickness or g	auge no.:													
Grout interval:	_ft. toft.													
Grout material:														
Grout interval:	_ ft. toft.		COMM	IFNITC										
Grout material:			COMIN	IENIS										
Screen / perforation ma														
Screen / perforation openings: CONTRACTOR'S OF														
Screen / perforation into						constructed			-		the stated			
Fromft. to _	contractors needed with was completed on I certify that the													
Slot size			the b	est of my	y knowl	edge and be	lief. This	s water v	well record	was comple	eted on			
From ft. to			unde	r the bus	siness n	ame of							,	
Slot size	unit		Kans	as Water	: Well C	Contractor's 1	License l	No	uı	nder the au	thority of t	he designa	ited	
Gravel pack intervals:											-	_		
Gravel pack not used: Gravel size in				person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal:										
From ft. to											tr.00.6		, ,	
	Taver pack not used.					end one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT								
From ft. to	rom ft. to ft.					Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367								

Form	WWC5.2 - Water Well Record
Doc ID	1806617
Well Owner	Anthony Weber
Contractor	Weninger Drilling, LLC

Lithology

From	То	Lithology Intervals
0	2	topsoil
2	4	clay,brown
4	16	sand,fine
16	32	sand,fine to medium
32	48	sand,medium
48	62	sand,medium,gravelly
62	70	sand,medium to coarse
70	75	gravel,medium