_ WELL ID_

KOLAR DOC ID

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367 (785) 296-3565 | K.S.A. 82a-1212 | v2022c

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

LOCATION OF WATER WEI	LL				Original Reco	rd Correction	Change	in Wel	II Use	
Latitude	Longitude		Section	Township	Range	E W Fraction	1/4	1/4	1/4	
Datum	Elevation		County			VV				
WATER WELL OWNER		WE	LL WATER US	 SE		NEAREST SOURCE OF PO	OTENTIAL CO	NTAMIN	NATION	
Name						Source:				
Business		COI	MPLETION			Distance	Direction			
						from well:	from well:			
Address			Depth of completed well:ft. Depth(s) groundwater encountered:			Source description:				
			(1) ft.; (2) ft.;			Source:				
Well location			(3) ft.; (4) dry well				- ·			
			Static water level in well: ft.			from well:	from well:			
at owner's address			measured below land surface			Source description:				
CONSTRUCTION			on (mm/dd/			No potential source	of contamina	ation		
Borehole interval:			measured above land surface on (mm/dd/yy):			within 100 feet.				
fromto ft.				Estimated yield: gpm			PERMIT & ID NUMBERS (AS REQUIRED)			
fromtoftin.			Water level was: ft. after hours			DWR Application No.:				
Casing height above land su	-		pumping gpm			KDHE / EPA Project Code:				
If casing height is less th			mp installed?	Yes No		Site Name:				
has a variance been approved?* Yes No			_			KDHE UIC Class V Form Completed: Yes No				
*variance not required for monitoring			Water well disinfected? Yes No			County Permit: Yes No Permit ID:				
or environmental remediation wells Casing type:			Date disinfected (mm/dd/yy):			Lease Name & Well #: _				
Blank casing interval:	ft. to	ft. Ac	Aquifer, if known:			# of boreholes:	# of dewatering	ng wells:		
Blank casing diameter:	in.	LITI	HOLOGIC LO	G						
Casing joints:		FF	ком то	LITHOLOGY II	NTERVALS					
Weight:lb	os/ft.									
Wall thickness or gauge										
Blank casing interval:		ft.								
Blank casing diameter:										
Casing joints:										
Weight:lbs/ft.										
Wall thickness or gauge no.:										
Grout interval: ft. t										
Grout material:										
Grout interval:ft. toft.			COMMENTS							
Grout material:										
Screen / perforation materia	ıl:									
Screen / perforation opening		COI	NTRACTOR'S	OR LANDOWNERS	CERTIFICATION					
Screen / perforation interval			is water wel	ll was constructed	d reconstru	icted pursuant to t	he stated wa	ter well		
Fromft. to	_ft.		This water well was constructed reconstructed pursuant to the stated water well contractor's license and was completed on . I certify that this record is true to							
Slot size unit						<u> </u>				
From ft. to	_ft.	the best of my knowledge and belief. This water well record was completed on, under the business name of,								
Slot size unit	Slot sizeunit Kansas Water Well Contractor's License No under the authority of the desig							, ated		
Gravel pack intervals:										
Gravei pack not used: Gravei sizein designated person at its submittel.						1 1110				
From ft. to			Gesignated person at its submittai: Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.							
Gravel pack not used:	Gravel size _	in	KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT							

Form	WWC5.2 - Water Well Record		
Doc ID	1806529		
Well Owner	Frank Basgall		
Contractor	Weninger Drilling, LLC		

Lithology

From	То	Lithology Intervals
0	2	topsoil
2	5	clay,brown
5	6	sandstone,moderately weathered
6	9	clay,tan,w/Sandstone
9	13	shale,broken,tan
13	17	shale,broken,green
17	33	shale,moderately weathered,tan,soft,w/broken sandstone layer
33	60	shale,broken,tan
60	78	shale,moderately weathered,gray,soft
78	85	shale,broken,gray
85	98	shale,moderately weathered,gray,soft
98	103	limestone,broken
103	110	limestone,moderately weathered