## KOLAR Document ID: 1813493

## 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				

#### 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	roved?* Yes No
*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	

	County						
WELL	WATER U	SE					
сом	PLETION						
Dept	th of comp	leted w	vell:			f	t.
	th(s) groun						
(1)_	ft.;	(2) _		_ ft.;			
(3) _	ft.;	(4)	dry	well			
Stati	c water leve	el in w	ell:		ft.		
	neasured bo n (mm/dd		ind su	ırface			
	measured above land surface on (mm/dd/yy):						
Estir	nated yield	:	g	pm			
Wate	er level was	:	ft	. after	•	hours	
			pun	nping		gpm	
Pum	p installed	? Y	es	No			
Wate	er well disin	nfected	?	Yes	No		

NEAREST SOURCE O	F POTENTIAL CONTAMINATIO
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential so within 100 feet.	arce of contamination
PERMIT & ID NUMB	ERS (AS REQUIRED)
DWR Application 1	No.:
KDHE / EPA Projec	ct Code:
Site Name:	
KDHE UIC Class V	Form Completed: Yes No

County Permit: Yes No Permit ID: \_\_\_\_\_

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_\_

Lease Name & Well #:

Aquifer, if known:

Date disinfected (mm/dd/yy):

### 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 Lice	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	r 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	1813493
Well Owner	USAF-AFCEC/CZOM-McConnell AFB
Contractor	Environmental Works, Inc.

# Lithology

From	То	Lithology Intervals
0	2	clay- fat,sandy,blackish,brown,mois t
2	5	clay- fat,sandy,blackish,brown,mois t
5	7	clay- fat,sandy,blackish,brown,mois t
7	8	clay-fat,sandy,black,moist
8	10	clay- lean,sandy,dark,yellowish,bro wn,dry
10	18	clay- fat,sandy,light,brownish,gray, moist
18	22	clay- fat,sandy,dark,yellowish,brow n,moist

