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 V	WELL					•	Origina	l Recor	d Correction	Chang	e in Wel	ll Use
Latitude	Longitude		S	ection		Township		Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation		C	ounty					VV			
WATER WELL OWNER		<u> </u>		ATER US	E				NEAREST SOURCE OF F	POTENTIAL C	ONTAMIN	IATION
Name									Source:			
Business			COMPLI	TION								
Dustriess					. 1	11			from well:	_ from wel	l:	
Address			_	-		ell:encountered:		ft.	Source description:			
			(1)	ft.;	(2)	ft.;			Source:			
Well location						dry well			Distance from well:		n ll:	
at owner's address			mea		low lar	ll: ft nd surface	t.		Source description:			
CONSTRUCTION			mea	sured ab	ove lar	nd surface			No potential sourc within 100 feet.	e of contami	nation	
Borehole interval:	Borehole dia	meter:	on (mm/dd/y	/y):				PERMIT & ID NUMBER	S (AS REQUI	RED)	
fromto ft		in.	Estimat	ed yield:		gpm						
fromto ftin.			Water l	evel was:		ft. after			DWR Application No.:			
Casing height above lan	in.				pumping	gp1	m	KDHE / EPA Project Code:				
If casing height is les has a variance been	s No	Pump i	nstalled?	Ye	s No			Site Name: KDHE UIC Class V Form Completed: Yes No				
*variance not requir	5 110	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:			Aquifer, if known:						# of boreholes:			
Blank casing interval:			-									
Blank casing diameter:				OGIC LO								
Casing joints: Weight:			FROM	то		ITHOLOGY IN	NIEKVAI	LS				
Wall thickness or ga												
Blank casing interval:												
Blank casing diameter:												
Casing joints:												
Weight:												
Wall thickness or ga					\perp							
Grout interval:												
Grout material:												
Grout interval:												
Grout material:) (COMME	NTS								
Cancar I monformation most	out al.											
Screen / perforation mat Screen / perforation ope			CONTR	ACTOP'S	OD 1 4	ANDOWNERS	CEDTIE	CATION				
Screen / perforation inte									atad nursuant to	the stated w	ratan rurall	
-	Fromft. toft. toft. 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											
							_		•			to
Slot size unit the best of my knowledge and belief. This water well record was completed on							—					
Slot size unit				under the business name of								
Gravel pack intervals:				Kansas Water Well Contractor's License No under the authority of the designated								
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								
From ft. to _			design	ated per	son a	t its submitta	ıl:		·			
Gravel pack not used		in	Send one	copy to	WATE	R WELL OWN	NER and 1	retain one	for your records. Fee of \$	5.00 for each	constructe	ed well.
Enom. G. t.	KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT											

Form	WWC5.2 - Water Well Record		
Doc ID	1836498		
Well Owner	Sharp Homes		
Contractor	Premier Pump & Well Service, Inc. #238		

Lithology

From	То	Lithology Intervals
0	3	topsoil
3	12	clay,brown
12	18	clay,sandy,light,brown
18	32	sand,fine
32	41	sand,medium,clayey
41	58	sand & gravel,fine to coarse
58	69	sand,medium
69	71	clay,sandy,light,gray