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)

LOCATION	OF V	ATER WELL	•												
Latitude			Longitude			Section		Township		Range	E W	Fraction	1/4	1/4	1/4
Datum			Elevation			County									
WATER WE	LL O	VNER			WELL	. WATER U	SE				NEAREST S	OURCE OF F	OTENTIAL O	ONTAMIN	NATION
Name											Source:				
Business					сомі	PLETION					Distance from well:		Direction from we		
Address			Depth of completed well:ft. Depth(s) groundwater encountered:					ft.	Source description						
Well location			(1) ft.; (2) ft.; (3) ft.; (4) dry well						Dietance		Directio	on ell:			
at owner's address			Static water level in well: ft. measured below land surface on (mm/dd/yy):						Source description:						
CONSTRU	CTION	ı			measured above land surface						No potential source of contamination within 100 feet.				
Borehole i	interv	al:	Borehole dia	meter:	on (mm/dd/yy):										
from	to _	ft.		in.	Estir	nated yield	l:	gpm			PERMIT & ID NUMBERS (AS REQUIRED)				
from	to _	ft.		in.	Wate	er level wa	3:	ft. after	ho	urs	DWR Application No.:				
Casing he	ight al	ove land sur	face:	in.				pumping	gp	m	KDHE / EPA Project Code:				
If casi	ng hei	ght is less tha	ın 12 in.		Pum	p installed	? Ye	s No			Site Name:				
has a variance been approved?* Yes No				s No	747.4	11 1	C . 15				KDHE UIC Class V Form Completed: Yes No				
			r 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 #: # of boreholes: # of dewatering wells:				
Blank casi	ing int	erval:	ft. to	ft.	Aquifer, if known:						# of boreh	oles:	# of dewate	ring wells:	
Blank casi	ing dia	meter:	in.		LITHO	DLOGIC LO	OG								
Casing joints:			FRC	т мс) L	ITHOLOGY I	NTERVA	LS							
Weigh	ıt:	lbs	/ft.												
Wall t	hickne	ess or gauge r	10.:												
	-		ft. to	ft.											
		meter:													
Weight:lbs/ft. Wall thickness or gauge no.:															
		ft. to													
		ial:													
Grout interval: ft. to ft. Grout material:					СОМІ	MENTS									
Screen / =	arford	ion meterial													
					CONT	RACTOR	S OR LA	ANDOWNERS	CERTIF	ICATION					
Screen / perforation intervals:				This water well was constructed reconstructed pursuant to the stated water well											
Fromft. toft.				contractor's license and was completed on I certify that this record is true to											
				the best of my knowledge and belief. This water well record was completed on											
From ft. toft.			under the business name of,												
Slot size unit			Kansas Water Well Contractor's License No under the authority of the designated												
Gravel pack intervals:															
Gravel pack not used: Gravel sizein				person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the											
From ft. to ft.				designated person at its submittal:											
Gravel pack not used: Gravel size in S				Send	Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.										
From ft. to ft.					KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367										

Form	WWC5.2 - Water Well Record
Doc ID	1840864
Well Owner	LIBERTY COMMUNITIES LLC
Contractor	Premier Pump & Well Service, Inc. #238

Lithology

From	То	Lithology Intervals
0	2	other,backfill
2	5	topsoil
5	8	clay,dark,brown
8	22	clay,light,tan
22	28	sand,fine
28	42	sand,medium to coarse
42	48	clay,light,gray
48	58	sand,medium
58	61	sand,fine