WELL ID

KOLAR DOCID

WATER WELL RECORD (WWC-5)

From ft. to ft.

Original Record Correction Change in Well Use LOCATION OF WATER WELL E W Fraction $\frac{1}{4}$ Latitude Longitude Section Township Range Datum Elevation County WATER WELL OWNER **WELL WATER USE NEAREST SOURCE OF POTENTIAL CONTAMINATION** Source: Name Direction Distance Business COMPLETION from well: from well: Depth of completed well: ft. Source Address description: Depth(s) groundwater encountered: ft.; (2) Source: Well location dry well Distance Direction from well: from well: Static water level in well: ft. at owner's Source address measured below land surface description: on (mm/dd/yy): No potential source of contamination CONSTRUCTION measured above land surface within 100 feet. on (mm/dd/yy): Borehole interval: Borehole diameter: PERMIT & ID NUMBERS (AS REQUIRED) to from in. gpm Estimated yield: DWR Application No.:_ ft. from to in. Water level was: _ ft. after hours KDHE / EPA Project Code: pumping _ gpm Casing height above land surface: in. Site Name: Pump installed? No If casing height is less than 12 in. has a variance been approved?* KDHE UIC Class V Form Completed: Yes No No Yes Water well disinfected? Yes No *variance not required for monitoring County Permit: Yes No Permit ID: or environmental remediation wells Date disinfected (mm/dd/yy): Lease Name & Well #: Casing type: # of boreholes: ____ # of dewatering wells: _ Aquifer, if known: Blank casing interval: ft. to Blank casing diameter: in. LITHOLOGIC LOG Casing joints:_ FROM LITHOLOGY INTERVALS __lbs/ft. Weight: Wall thickness or gauge no.: ___ Blank casing interval: ft. to Blank casing diameter: in. Casing joints: Weight: lbs/ft. Wall thickness or gauge no.: ft. to Grout interval: Grout material: ft. to ft. Grout interval: COMMENTS Grout material: Screen / perforation material: Screen / perforation openings: CONTRACTOR'S OR LANDOWNERS CERTIFICATION Screen / perforation intervals: This water well was constructed reconstructed pursuant to the stated water well ft. to ft. contractor's license and was completed on ____ _. I certify that this record is true to Slot size ____ unit __ the best of my knowledge and belief. This water well record was completed on From ft. to ft. under the business name of _ Slot size unit Kansas Water Well Contractor's License No. under the authority of the designated Gravel pack intervals: person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the Gravel pack not used: Gravel size _____in designated person at its submittal: From ft. to ft. 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 Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367

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Form	WWC5.2 - Water Well Record
Doc ID	1851089
Well Owner	Young Red Angus LLC
Contractor	Kemp's Well Service #213

Lithology

From	То	Lithology Intervals
0	15	clay
15	18	sand,fine to medium
18	27	sand,fine,strongly cemented
27	31	sand,fine to medium
31	51	other,limestone and cemented sand
51	68	sand,fine to medium
68	78	sand,fine to coarse,moderately cemented
78	88	other,brown cemented rock
88	98	sand,fine to medium
98	108	sand,fine to medium,moderately cemented
108	111	sand,fine to medium
111	121	clay,sandy
121	131	sand,fine
131	135	clay
135	138	sand,fine
138	145	shale,moderately weathered,yellowish
145	148	shale,unweathered,black
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