KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

OCATION OF WATER W	VELL .				0	riginal Reco	rd Co	rrection	Chang	e in Wel	l Use
Latitude	Longitude		S	ection	Township	Range	E W	Fraction	1/4	1/4	1/4
Datum	Elevation		C	County	-		VV				
WATER WELL OWNER			WELL WATER USE				NEAREST S	OURCE OF I	POTENTIAL C	ONTAMIN	IATION
Name											
Business			COMPLI	ETION			Dietance		Direction	n	
Dustriess							from well:		_ from wel	ll:	
Address				Depth of completed well:ft. Depth(s) groundwater encountered:			Source description:				
			1 -	-			_				
Well location			(1)ft.; (2)ft.; (3)ft.; (4) dry well				Source: Direction				
Well location							Distance from well:	i	Direction from wel	n ll:	
at owner's			Static water level in well: ft.				Source				
address			measured below land surface on (mm/dd/yy):				description:				
CONSTRUCTION					ve land surface				e of contami	nation	
Borehole interval: Borehole diameter:			on (mm/dd/yy):				within 100 feet.				
fromto ft.				Estimated yield: gpm				PERMIT & ID NUMBERS (AS REQUIRED)			
fromtoft.		in.				hours	DWR Application No.:				
Casing height above land			Water level was: ft. afterhours gpm				KDHE / EPA Project Code:				
		Pump installed? Yes No				Site Name:					
If casing height is less than 12 in. has a variance been approved?* Yes No			1 amp metanear 163 116			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			Date disinfected (mm/dd/yy):				Lease Name & Well #:				
Casing type: ft. to ft.			Aquifer, if known:				# of boreholes: # of dewatering wells:				
		11.									
Blank casing diameter:in. Casing joints:in.			FROM TO LITHOLOGY INTERVALS								
Weight:			FROM	10	LITHOLOGI INI	ENVALS					
Wall thickness or gau	_										
Blank casing interval:											
Blank casing diameter:											
Casing joints:											
Weight: lbs/ft.											
Wall thickness or gau	ige no.:										
Grout interval:f Grout material:f											
Grout interval:											
Grout material:	COMMENTS										
Grout material.											
Screen / perforation mate	erial:										
Screen / perforation oper			CONTRA	ACTOR'S C	R LANDOWNERS C	ERTIFICATION					
Screen / perforation inter			This w	ater well v	was constructed	reconstru	icted r	oursuant to	the stated w	ater well	
Fromft. to					nse and was compl		•				
Slot size u					nowledge and belie			-			-
From ft. to				-	ess name of			=			
Slot size ui	nit										
Gravel pack intervals:			Kansas Water Well Contractor's License No under the authority of the designated								
Gravel pack not used:	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 ft.			designated person at its submittal:								
Gravel pack not used:	. Cassal sins	.	Send one	e copy to W	ATER WELL OWNE	ER and retain on	e for your rec	ords. Fee of \$	5.00 for each	constructe	d well

KANSAS DEPARTMENT 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	1852955
Well Owner	Jake Keeler
Contractor	Jantzen Water Well LLC #1046

Lithology

From	То	Lithology Intervals
0	2	topsoil
2	18	clay,brown
18	40	clay,sandy,tan
40	48	clay,red
48	75	sand,coarse
75	110	other,white crumbly rock
110	120	shale,unweathered