

WATER WELL RECORD (WWC-5)

Constructed

KOLAR DOC ID 1637236

WELL ID

Original Record Correction Change in Well Use

LOCATION OF WATER WELL

Latitude	37.789060	Longitude	-97.375310	Section	13	Township	26	Range	1	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Fraction	SW ¼ SE ¼ NE ¼
Datum	WGS84	Elevation	1340	County	Sedgwick							

WATER WELL OWNER

Name	
Business	Rolph Construction
Address	8550 NW Parallel St. Towanda Kans 671
Well location	5806 N Edwards Ct Wichita, KS 67204
<input type="checkbox"/> at owner's address	

WELL WATER USE

Domestic Lawn/Garden

COMPLETION

Depth of completed well: 40 ft.

Depth(s) groundwater encountered:

(1) 8 ft.; (2) _____ ft.;

(3) _____ ft.; (4) dry well

Static water level in well: 8 ft.

measured below land surface on (mm/dd/yy): 03/29/2022

measured above land surface on (mm/dd/yy): _____

Estimated yield: 25 gpm

Water level was: _____ ft. after _____ hours pumping _____ gpm

Pump installed? Yes No

Water well disinfected? Yes No

Date disinfected (mm/dd/yy): _____

Aquifer, if known: _____

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Source: Sewer lines

Distance from well: 20 Direction from well: S

Source description: _____

Source: _____

Distance from well: _____ Direction from well: _____

Source description: _____

No potential source of contamination within 100 feet.

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: _____

KDHE / EPA Project Code: _____

Site Name: _____

KDHE UIC Class V Form Completed: Yes No

County Permit: Yes No Permit ID: **NO89320**

Lease Name & Well #: _____

of boreholes: _____ # of dewatering wells: _____

CONSTRUCTION

Borehole interval: from 0 to 40 ft. Borehole diameter: 11 in.

from _____ to _____ ft. _____ in.

Casing height above land surface: 18 in.

If casing height is less than 12 in. has a variance been approved? Yes No

*variance not required for monitoring or environmental remediation wells

Casing type: ThermalPlastic

Blank casing interval: 0 ft. to 20 ft.

Blank casing diameter: 5 in.

Casing joints: Glued

Weight: _____ lbs/ft.

Wall thickness or gauge no.: 0.214

Blank casing interval: _____ ft. to _____ ft.

Blank casing diameter: _____ in.

Casing joints: _____

Weight: _____ lbs/ft.

Wall thickness or gauge no.: _____

Grout interval: 1 ft. to 21 ft.

Grout material: Bentonite

Grout interval: _____ ft. to _____ ft.

Grout material: _____

Screen / perforation material: PVC

Screen / perforation openings: Mill slot

Screen / perforation intervals:

From 20 ft. to 40 ft.

Slot size _____ unit

From _____ ft. to _____ ft.

Slot size _____ unit

Gravel pack intervals:

Gravel pack not used: Gravel size _____ in

From 21 ft. to 40 ft.

Gravel pack not used: Gravel size _____ in

From _____ ft. to _____ ft.

LITHOLOGIC LOG

FROM	TO	LITHOLOGY INTERVALS
Attach	Attach	Attached

OVER

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed reconstructed pursuant to the stated water well contractor's license and was completed on 03/29/2022. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of Premier Pump & Well Service, Inc. #238, Kansas Water Well Contractor's License No. 238 under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal: Jerad Stroot.

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

1052908016

Form	WWC5.2 - Water Well Record
Doc ID	1637236
Well Owner	Relph Construction
Contractor	Premier Pump & Well Service, Inc. #238

Lithology

0	2	fill
2	5	topsoil
5	11	clay, brown
11	13	sand, fine
13	30	sand, medium to coarse, gravelly
30	33	sand, fine, clayey, brown
33	40	sand, medium, gray

RECEIVED

MAY 20 2022

KS GEOLOGICAL SURVEY

RECEIVED

APR 11 2022

BUREAU OF WATER

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____ WELL ID _____
 Original Record Correction Change in Well Use

LOCATION OF WATER WELL

Latitude		Longitude		Section		Township		Range		E W	Fraction	¼	¼	¼
Datum		Elevation		County										

WATER WELL OWNER

Name	
Business	
Address	
Well location at owner's address	

WELL WATER USE

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COMPLETION

Depth of completed well: _____ ft.
Depth(s) groundwater encountered: (1) _____ ft.; (2) _____ ft.; (3) _____ ft.; (4) dry well
Static water level in well: _____ ft. measured below land surface on (mm/dd/yy): _____ measured above land surface on (mm/dd/yy): _____
Estimated yield: _____ gpm
Water level was: _____ ft. after _____ hours pumping _____ gpm
Pump installed? Yes No
Water well disinfected? Yes No
Date disinfected (mm/dd/yy): _____
Aquifer, if known:

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Source: _____
Distance from well: _____ Direction from well: _____
Source description: _____
Source: _____
Distance from well: _____ Direction from well: _____
Source description: _____
No potential source of contamination within 100 feet.

CONSTRUCTION

Borehole interval: from _____ to _____ ft.	Borehole diameter: _____ in.
from _____ to _____ ft.	_____ in.
Casing height above land surface: _____ in.	
If casing height is less than 12 in. has a variance been approved?* Yes No	
*variance not required for monitoring or environmental remediation wells	
Casing type: _____	
Blank casing interval: _____ ft. to _____ ft.	
Blank casing diameter: _____ in.	
Casing joints: _____	
Weight: _____ lbs/ft.	
Wall thickness or gauge no.: _____	
Blank casing interval: _____ ft. to _____ ft.	
Blank casing diameter: _____ in.	
Casing joints: _____	
Weight: _____ lbs/ft.	
Wall thickness or gauge no.: _____	
Grout interval: _____ ft. to _____ ft.	
Grout material: _____	
Grout interval: _____ ft. to _____ ft.	
Grout material: _____	
Screen / perforation material: _____	
Screen / perforation openings: _____	
Screen / perforation intervals: From _____ ft. to _____ ft.	
Slot size _____ unit _____	
From _____ ft. to _____ ft.	
Slot size _____ unit _____	
Gravel pack intervals: Gravel pack not used: Gravel size _____ in	
From _____ ft. to _____ ft.	
Gravel pack not used: Gravel size _____ in	
From _____ ft. to _____ ft.	

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: _____
KDHE / EPA Project Code: _____
Site Name: _____
KDHE UIC Class V Form Completed: Yes No
County Permit: Yes No Permit ID: _____
Lease Name & Well #: _____
of boreholes: _____ # of dewatering wells: _____

LITHOLOGIC LOG

FROM	TO	LITHOLOGY INTERVALS

COMMENTS

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CONTRACTOR'S OR LANDOWNERS CERTIFICATION

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 the best of my knowledge and belief. This water well record was completed on _____ under the business name of _____, Kansas Water Well Contractor's License No. _____ under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal: _____.

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

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Well Owner	Relph Construction
Contractor	Premier Pump & Well Service, Inc. #238

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