KOLAR Document ID: 1640764

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____

Correction

Lease Name & Well #: ____

of boreholes: _____ # of dewatering wells: _

Original Record

WELL ID_____ Change in Well Use

LOCATION OF WATER WELL

Latitude	Longitude	Section	Township	Range	E W	Fraction	1⁄4	1⁄4	1⁄4
Datum	Elevation	County							

WATER WELL OWNER

Name				
Business				
Address				
Well location				
at owner's address				

CONSTRUCTION

Borehole interval:	Borehole diameter:
fromtoft.	in.
fromtoft.	in.
Casing height above land su	
If casing height is less th has a variance been appr *variance not required fo or environmental reme	roved?* Yes No or monitoring
Casing type:	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	no.:
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	no.:
Grout interval: ft. to	pft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	
Screen / perforation opening	
Screen / perforation intervals	
From ft. to	
Slot size unit	
From ft. to	
Slot size unit	
Gravel pack intervals:	
Gravel pack not used:	Gravel size in
From ft. to	
Gravel pack not used:	
From ft. to	

	County						
WELL	WATER U	SE					
COMPLETION							
Dept	th of comp	leted we	11:		ft.		
	th(s) grour						
(1)_	ft.;	(2)	ft.;				
(3)_	ft.;	(4)	dry well				
Stati	Static water level in well: ft.						
measured below land surface on (mm/dd/yy):							
	measured above land surface on (mm/dd/yy):						
Estir	nated yield	l:	_gpm				
Wate	er level was	:	ft. after		hours		
			pumping		gpm		
Pum	p installed	? Yes	No				
Wate	er well disi	nfected?	Yes	No			

NEAREST SOURCE O	F POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sou within 100 feet.	rce of contamination
PERMIT & ID NUMB	ERS (AS REQUIRED)
DWR Application N	Io.:
KDHE / EPA Projec	t Code:
Site Name:	
	Form Completed: Yes No
County Permit: Y	es No Permit ID:

Aquifer, if known:

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS			
		·			

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well
contractor's license and was complete	ed on	. I certify that this record is true to
the best of my knowledge and belief.	This water well rec	ord was completed on
under the business name of		,
Kansas Water Well Contractor's Lice	nse No	under the authority of the designated
person as defined in K.A.R. 28-30-2(j) and signed and c	ertified by the electronic signature of the
designated person at its submittal:		
Send one copy to WATER WELL OWNER	and retain one for you	r records. Fee of \$5.00 for each constructed well.
KANSAS DEPAR	TMENT 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 1640764			
Well Owner M & M Construction			
Contractor Premier Pump & Well Service, Inc. #238			

Lithology

From	То	Lithology Intervals
0	3	topsoil
3	30	clay,brown
30	37	sand,fine
37	41	caliche,by your definition
41	47	shale,moderately weathered,green
47	63	shale,slightly weathered,gray
63	65	shale,unweathered,gray,Gysu m present
65	73	shale,moderately weathered,gray
73	80	shale,moderately weathered,red