KOLAR Document ID: 1645804

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____

Source: _ Distance

from well:

Source description:

Source:

Distance

Source

from well:

description:

Site Name:

within 100 feet.

DWR Application No.:___

Lease Name & Well #:

Correction

Original Record

ft.

WELL ID_____ Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

PERMIT & ID NUMBERS (AS REQUIRED)

KDHE / EPA Project Code:

County Permit: Yes No Permit ID:

of boreholes: _____ # of dewatering wells: _

KDHE UIC Class V Form Completed: Yes No

Direction

from well:

Direction

from well: _

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	

WELL WATER USE COMPLETION Depth of completed well: 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:

LITHOLOGIC LOG

FROM	то	LITHOLOGY INTERVALS
		I

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 Licer	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	1645804		
Well Owner	Harold Killen		
Contractor Bearden Pump & Well Service			

Lithology

From	То	Lithology Intervals
0	3	loam
3	9	clay
9	11	sand,very fine
11	16	sand,fine
16	18	clay
18	19	sand,fine to medium
19	27	clay
27	35	sand,medium