KOLAR Document ID: 1658852

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____

Source:

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 the has a variance been appr *variance not required fo	roved?* Yes No
or environmental remed	U U
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	ft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	:
Screen / perforation opening	gs:
Screen / perforation intervals	S:
Fromft. to	_ft.
Slot size unit _	
Fromft. to	_ft.
Slot size unit _	
Gravel pack intervals:	
Gravel pack not used:	Gravel size in
From ft. to	ft.
Gravel pack not used:	
From ft. to	

	County				
WELL	WATER U	SE			
сом	PLETION				
Dept	th of comp	leted w	vell:		ft.
_			r encounter		
(1)_	ft.;	(2) _	ft.;		
(3)_	ft.;	(4)	dry well		
Stati	c water lev	el in w	ell:	ft.	
	neasured b n (mm/dd		and surface		
	neasured a n (mm/dd		nd surface		
Estir	nated yield	l:	gpm		
Wate	er level was	:	ft. after		hours
			pumping		gpm
Pum	p installed	? Y	es No		
Wate	er well disi	nfected	l? Yes	No	

Distance	Direction
from well:	from well:
Source description:	
Source:	
Distance	Direction
from well:	from well:
Source	
description:	
No potential source o	f contamination
within 100 feet.	
PERMIT & ID NUMBERS (AS REQUIRED)
DWR Application No.:	
KDHE / EPA Project Cod	
KDHE / EPA Project Cod	
KDHE / EPA Project Cod	le:
KDHE / EPA Project Cod Site Name: KDHE UIC Class V Form	le:

NEAREST SOURCE OF POTENTIAL CONTAMINATION

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 1658852	
Well Owner Ag Partners	
Contractor	Associated Drilling, Inc.

Lithology

From	То	Lithology Intervals
0	51	clay
51	65	sand & gravel,fine to medium
65	82	clay
82	86	limestone,unweathered
86	113	shale,unweathered
113	115	limestone,unweathered
115	173	shale,unweathered
173	180	limestone,unweathered
180	200	shale,unweathered