

**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<br>W | Fraction | ¼ | ¼ | ¼ |
| Datum    |  | Elevation |  | County  |  |          |  |       |  |        |          |   |   |   |

**WATER WELL OWNER**

|                    |  |
|--------------------|--|
| Name               |  |
| Business           |  |
| Address            |  |
| Well location      |  |
| at owner's address |  |

**WELL WATER USE**

|  |
|--|
|  |
|--|

**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:<br>from _____ to _____ ft.                                  | Borehole diameter:<br>_____ 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**

|  |
|--|
|  |
|--|

**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.

|            |                            |
|------------|----------------------------|
| Form       | WWC5.2 - Water Well Record |
| Doc ID     | 1662344                    |
| Well Owner | Riley Mallatt              |
| Contractor | Funkee Drilling LLC        |

Lithology

| From | To | Lithology Intervals                |
|------|----|------------------------------------|
| 0    | .5 | topsoil,gravelly                   |
| .5   | 3  | clay,clayey,brownish,stiff         |
| 3    | 5  | topsoil,dark,blackish              |
| 5    | 9  | silt,clayey,brownish               |
| 9    | 13 | sand,fine,brownish,wet,wet at 12.6 |
| 13   | 25 | sand,medium,brownish,wet           |
| 25   | 38 | sand & gravel,coarse,wet           |