### KOLAR Document ID: 1669107

## WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: \_ Distance

from well:

Source description: Source: Distance

F

Correction

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 app	
*variance not required for or environmental reme	
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:	
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	
Grout interval: ft. to	oft.
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	
Gravel pack not used:	
From ft. to	

	County							
WELL	WELL WATER USE							
COMPLETION								
Dept	th of comp	eted w	vell	:		ft.		
Dept	th(s) groun	dwate	r er	ncountere	d:			
(1)_	ft.;	(2) _		ft.;				
(3) _	ft.;	(4)	d	ry well				
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	:		gpm				
Water level was: ft. after				hours				
			р	umping _		gpm		
Pum	p installed	? Ye	es	No				

Yes No

from well:	from well:	
Source description:		
No potential source within 100 feet.	e of contamination	
PERMIT & ID NUMBER	S (AS REQUIRED)	
	Code:	
KDHE UIC Class V Fo County Permit: Yes	orm Completed: Yes No Permit ID:	No
Lease Name & Well #: # of boreholes:	# of dewatering wells:	

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Direction

from well:

Direction

## Aquifer, if known:

Water well disinfected?

Date disinfected (mm/dd/yy):

ITHOLOGIC LOG						
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 complet	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. 28-30-20	(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	1669107
Well Owner	Howard Chapman
Contractor	Associated Drilling, Inc.

# Lithology

From	То	Lithology Intervals
0	6	clay
6	21	limestone,unweathered,cherty
21	35	shaley limestone, unweathered
35	36	limestone, unweathered
36	44	limestone, unweathered
44	55	shaley limestone, unweathered
55	58	shale,unweathered
58	65	limestone, unweathered
65	83	shale,unweathered
83	100	shaley limestone, unweathered