### KOLAR Document ID: 1667025

## WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: \_ Distance

from well:

from well:

Source description: Source: Distance

Correction

**Original Record** 

WELL ID\_\_\_\_\_ Change in Well Use

#### LOCATION OF WATER WELL

Latitude	Longitude	Section	Т	Township	F	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	roved?* Yes No
*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	WATER U	SE				
сом	PLETION					
Dept	th of compl	eted wel	l:		ft.	
	th(s) groun					
(1)_	ft.;	(2)	ft.;			
(3) _	ft.;	(4)	dry well			
Stati	c water leve	el in well	:	ft.		
	neasured be n (mm/dd/		l surface			
measured above land surface on (mm/dd/yy):						
Estir	nated yield	:	_gpm			
Wate	er level was	:	_ ft. after		hours	
		1	pumping		gpm	
Pum	p installed	? Yes	No			
Wate	er well disir	nfected?	Yes	No		

	Source description:
	No potential source of contamination within 100 feet.
P	ERMIT & 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:

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Direction

from well:

Direction

from well:

## Aquifer, if known:

Date disinfected (mm/dd/yy):

LITHOLOGIC LOG				
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 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	1667025	
Well Owner	John and Barbara Grau	
Contractor	Flint Hills Drilling #914	

# Lithology

From	То	Lithology Intervals
0	10	clay
10	24	shale,unweathered,red,and gray
24	34	limestone,fractured
34	51	shale,unweathered,gray
51	54	sandstone,unweathered
54	84	shale,unweathered,gray
84	88	limestone,unweathered
88	93	gypsum,unweathered,and gray shale layers
93	97	limestone,unweathered
97	120	shale,unweathered,gray