KOLAR Document ID: 1676731

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Lease Name & Well #:

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 fo	roved?* Yes No
or environmental reme	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	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	:
Screen / perforation opening	gs:
Screen / perforation interval	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	ISE			
сом	PLETION				
Dept	th of comp	leted well	:		ft.
Dept	۔ th(s) groui	ndwater e	ncounter	ed:	
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4) (4)	lry well		
Stati	c water lev	el in well		ft.	
	neasured b n (mm/dd		l surface		
	neasured a n (mm/dd		surface		
Estir	nated yield	1:	_gpm		
Wate	er level wa	s:	ft. after		hours
		I	oumping		gpm
Pum	p installed	l? Yes	No		
Wate	er well disi	nfected?	Yes	No	

Source:				
Distance	Direction			
from well:	from well:			
Source				
description:				
Source:				
Distance	Direction			
from well:	from well:			
Source				
description:				
No potential source within 100 feet.	of contamination			
PERMIT & ID NUMBERS	(AS REQUIRED)			
DWR Application No.:_				
KDHE / EPA Project Co	ode:			
Site Name:				
KDHE UIC Class V Form Completed: Yes No				
County Permit: Yes	No Permit ID:			

of boreholes: _____ # of dewatering wells: _

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Aquifer, if known:

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS				
	1	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	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 Lice	nse 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 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	1676731	
Well Owner	David M Woods Rev Trust	
Contractor	Rosencrantz-Bemis Ent., Inc.	

Lithology

From	То	Lithology Intervals
0	3	topsoil
3	25	clay,brown
25	55	sand & gravel,medium,small
55	81	clay,gray
81	98	sand & gravel,medium,small
98	111	clay,tan
111	113	shale,slightly weathered
113	117	sandstone,slightly weathered,tan,soft
117	132	sandstone,slightly weathered,brown,hard,w/ soft tan sandrock 80/20