KOLAR Document ID: 1698210

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Lease Name & Well #: ____

of boreholes: _____ # of dewatering wells: _

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 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	ell:		ft.	
-	-		encounter			
(1)_	ft.;	(2)	ft.;			
(3)_	ft.;	(4)	dry well			
Stati	c water lev	el in we	ell:	ft.		
	neasured b n (mm/dd		nd surface			
measured above land surface on (mm/dd/yy):						
Estir	nated yield	l:	gpm			
Wate	er level wa	8:	ft. after		hours	
			pumping		gpm	
Pum	p installed	? Ye	es No			
Wate	Water well disinfected? Yes No					
Date	Date disinfected (mm/dd/yy):					

Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential so within 100 feet.	urce of contamination
PERMIT & ID NUMB	BERS (AS REQUIRED)
DWR Application	No.:
	ct Code:
<u></u>	
	Form Completed: Yes No
County Permit:	Yes No Permit ID:

Aquifer, if known:

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	1698210
Well Owner Allen and Lynette Woolley	
Contractor	McPherson Drilling Co.

Lithology

From	То	Lithology Intervals
0	2	topsoil
2	8	clay
8	15	limestone, unweathered
15	30	shale,unweathered,gray
30	33	shale,broken,red
33	38	shale,unweathered,gray
38	41	other,broken,Gyp and Lime
41	78	shale,unweathered,gray
78	81	shale,broken,red
81	120	shale,broken,gray