# KOLAR Document ID: 1700307

# 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	WELL WATER USE								
COMPLETION									
Dept	th of comp	leted we	:ll:		ft.				
Dept	th(s) grou	ndwater	encounter	ed:					
(1)_	ft.;	(2)	ft.;						
(3)_	ft.;	(4)	dry well						
Stati	Static water level in well: ft.								
	measured below land surface on (mm/dd/yy):								
	neasured a n (mm/dd		d surface						
Estir	nated yield	l:	gpm						
Wate	er level wa	s:	ft. after		hours				
			pumping		gpm				
Pum	p installed	? Yes	s No						
Wate	er well disi	nfected?	Yes	No					

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

## 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. 28-30-2(	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 1700307			
Well Owner	CODY EAKES		
Contractor	Southwest Windmill & Water Well Service, Inc.		

# Lithology

From	То	Lithology Intervals
0	4	topsoil
4	100	clay
100	110	gravel,medium to coarse
110	223	sand,fine to medium
223	264	sand,medium
264	290	clay,sandy,blue
290	418	sand,medium
418	452	clay,sandy,tan
452	501	sand,fine to medium,clayey
501	507	shale,unknown