KOLAR Document ID: 1710521

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

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:lb	s/ft.
Wall thickness or gauge	no.:
Blank casing interval:	
Blank casing diameter:	
Casing joints:	
Weight:lb	
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 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	
Gravel pack not used:	
From ft. to	

WELL WATER USE

COMPLETION						
Depth of completed well:	ft.					
Depth(s) groundwater encountered:						
(1) ft.; (2) ft.;						
(3) ft.; (4) dry well						
Static water level in well: ft.						
measured below land surface on (mm/dd/yy):						
measured above land surface						
Estimated yield: gpm						
Water level was: ft. after	hours					
pumping	gpm					
Pump installed? Yes No						
Water well disinfected? Yes No						
Date disinfected (mm/dd/yy):						

NEAREST SOURCE O	F POTENTIAL CONT	AMINA	
Source:			
Distance from well:	Direction		
Source description:			
Source:			
Distance from well:	Direction from well:		
Source description:			
No potential sou within 100 feet.	arce of contamination	on	
PERMIT & ID NUMB	ERS (AS REQUIRED))	
DWR Application N	No.:		
	ct Code:		
Site Name:			
KDHE UIC Class V	Form Completed:	Yes	No

Lease Name & Well #:______ # of boreholes: ______ # of dewatering wells: ____

County Permit: Yes No Permit ID: _

Aquifer, if known:

LITHOLOG	GIC 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. 28-30-2(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	1710521		
Well Owner	Dean Herrs		
Contractor	Charles Sargent Irrigation, Inc. D/B/A Sargent Drilling #946		

Lithology

From	То	Lithology Intervals
0	5	topsoil,brown,red clay
5	10	shale,unknown,reddish,white
10	13	other,unknown,cemented pyrite
13	20	shale,unknown,reddish,white, and brown ochre
20	40	shale,unknown,reddish,white, and gray
40	60	shale,unknown,reddish,white, brown, blue and gray
60	80	shale,unknown,gray,with limestone strip and blue shale with sandstone strips
80	95	shale,unknown,gray,and blue with sandstone layer and white, orange shale
95	165	sandstone,unknown
165	180	shale,unknown,blue,and gray with limestone layers and strips
180	185	limestone,unknown,and shale