KOLAR Document ID: 1710549

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

Lease Name & Well #: ____

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	roved?* Yes No
*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	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
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	l:
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	VELL WATER USE							
сом	COMPLETION							
Dept	th of comp	leted well	:		ft.			
	th(s) grou							
(1)_	ft.;	(2)	ft.;					
(3) _	ft.;	(4)	lry well					
Stati	Static water level in well: ft.							
	measured below land surface on (mm/dd/yy):							
	measured above land surface on (mm/dd/yy):							
Estir	Estimated yield: gpm							
Wate	er level wa	s:	_ft. after		hours			
		F	oumping		gpm			
Pum	ıp installec	? Yes	No					
Wate	er well disi	nfected?	Yes	No				
Date disinfected (mm/dd/yy):								

NEAREST SOURCE O	F POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance	Direction
from well:	from well:
Source description:	
No potential sou within 100 feet.	arce of contamination
PERMIT & ID NUMB	SERS (AS REQUIRED)
DWR Application N	No.:
KDHE / EPA Projec	ct Code:
	Form Completed: Yes No
County Permit: Y	les No Permit ID:

of boreholes: _____ # of dewatering wells: _

Aquifer, if known:

ITHOLOGIC 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 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 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	1710549		
Well Owner	Robert J Cott Trust		
Contractor	Charles Sargent Irrigation, Inc. D/B/A Sargent Drilling #946		

Lithology

From	То	Lithology Intervals
0	5	other,brown,and brown clay
5	15	shale,unknown,white,ochre and shale
15	20	sandstone,unknown,and pyrite
20	27	sandstone,unknown
27	36	shale,unknown,grayish,white
36	40	sandstone,unknown
40	60	sandstone,unknown,with shale layer
60	100	sandstone,unknown
100	113	sandstone,unknown,and pyrite
113	120	shale,unknown,gray,and white shale
120	160	sandstone,unknown,with shale strips
160	182	sandstone,unknown
182	195	shale,unknown,grayish,black, with limestone layers
195	200	limestone,unknown