KOLAR Document ID: 1715492

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

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 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	SE					
сом	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):						
	measured above land surface on (mm/dd/yy):						
Estir	nated yield	l:	gpm				
Wate	er level wa	s:	ft. after		hours		
			pumping		gpm		
Pum	p installed	? Yes	No				
Wate	er well disi	nfected?	Yes	No			

NEAREST SOURCE O	F POTENTIAL CONT		TION
Source:			
Distance from well:	Direction from well:		
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.:		
KDHE / EPA Projec	ct Code:		
Site Name:			
KDHE UIC Class V	Form Completed:	Yes	No

County Permit: Yes No Permit ID:

of boreholes: _____ # of dewatering wells: _

Lease Name & Well #:

Aquifer, if known:

Date disinfected (mm/dd/yy):

LITHOLOGIC 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	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	1715492	
Well Owner	Johnny R Schwartz	
Contractor	Glen Chase Drilling	

Lithology

From	То	Lithology Intervals
0	18	clay,fine to medium
18	35	shale,unweathered
35	37.5	shale,unweathered,Water
37.5	67	shale,unweathered
67	97	limestone,unweathered
97	100	coal,unweathered,water
100	135	limey shale, unweathered