KOLAR Document ID: 1704557

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: _ Distance

from well:

Source description:

Source:

Distance

Source

from well:

description:

Site Name:

within 100 feet.

DWR Application No.:___

Lease Name & Well #:

Correction

Original Record

ft.

WELL ID_____ Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

PERMIT & ID NUMBERS (AS REQUIRED)

KDHE / EPA Project Code:

County Permit: Yes No Permit ID:

of boreholes: _____ # of dewatering wells: _

KDHE UIC Class V Form Completed: Yes No

Direction

from well:

Direction

from well: _

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					
CONCEPTION					

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			

WELL WATER USE COMPLETION Depth of completed well: ______ 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 on (mm/dd/yy): ______

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):

Aquifer, if known:

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	1704557		
Well Owner	Cody Stefek		
Contractor	Rosencrantz-Bemis Ent., Inc.		

Lithology

From	То	Lithology Intervals
0	4	sand,fine to medium
4	17	clay,sandy,gray
17	30	sand,fine,clayey
30	40	clay,sandy,tan
40	48	clay,sandy,red
48	53	clay,sandy,tan
53	55	shale,slightly weathered