KOLAR Document ID: 1700862

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

Lease Name & Well #: ___

of boreholes: _____ # of dewatering wells: _

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	WATER U	SE					
сом	PLETION						
Dept	th of comp	leted well	:		ft.		
	th(s) grou						
(1)_	ft.;	(2)	ft.;				
(3) _	ft.;	(4)	lry well				
Stati	c water lev	el in well:		ft.			
measured below land surface on (mm/dd/yy):							
measured above land surface on (mm/dd/yy):							
Estir	nated yield	1:	_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	Date disinfected (mm/dd/yy):						

NEAREST SOURCE OF	POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sour within 100 feet.	rce of contamination
PERMIT & ID NUMBE	ERS (AS REQUIRED)
DWR Application N	0.:
KDHE / EPA Project	t Code:
Site Name:	
KDHE UIC Class V	Form Completed: Yes No
County Permit: Ye	es No Permit ID:

Aquifer, if known:

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	1700862
Well Owner	Bob Bullard
Contractor	Rosencrantz-Bemis Ent., Inc.

Lithology

From	То	Lithology Intervals
0	3	topsoil
3	6	clay,brown
6	11	shale,slightly weathered,green
11	20	shale,slightly weathered,red
20	23	shale,moderately weathered,green
23	45	shale,slightly weathered,red
45	60	shale,moderately weathered,gray
60	65	shale,moderately weathered,red
65	75	shale,moderately weathered,gray
75	95	shale,slightly weathered,other,Gray/red
95	120	shale,slightly weathered,other,Gray/red