KOLAR Document ID: 1711000

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:lbs	s/ft.
Wall thickness or gauge	no.:
Blank casing interval:	ft. toft.
Blank casing diameter:	
Casing joints:	
Weight:lbs	s/ft.
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 intervals	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 on (mm/dd/yy):				
Estimated yield: gpm				
Water level was: ft. afterhours				
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 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.:		
	ct Code:		
Site Name:			
	Form Completed:	Yes	No

County Permit: Yes No Permit ID: _

of boreholes: _____ # of dewatering wells: _

Lease Name & Well #: _

Aquifer, if known:

LITHOLOGIC LOG

		-
FROM	то	LITHOLOGY INTERVALS
	1	

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well
contractor's license and was complet	ted 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	ense 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 DEPAF	RTMENT 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	1711000
Well Owner Larry Schwartz	
Contractor H20 Drilling	

Lithology

From	То	Lithology Intervals
0	3	topsoil
3	5	caliche
5	7	sand,medium
7	15	sand,fine
15	17	clay,tan
17	30	sand,medium
30	35	gravel,fine
35	36	clay,tan
36	46	gravel,fine
46	52	clay,red
52	60	shale,slightly weathered,red