KOLAR Document ID: 1718594

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	OF POTENTIAL CONTAMIN	
Source:		
Distance from well:	Direction from well:	
Source description:		
Source:		
Distance from well:	Direction from well:	
Source description:		
No potential so within 100 feet	ource of contamination	
PERMIT & ID NUMI	BERS (AS REQUIRED)	
DWR Application	No.:	
11	ect Code:	
Site Name:		
KDHE UIC Class	V Form Completed: Yes	No

Lease Name & Well #: ______ # of boreholes: ______ # of dewatering wells: ____

County Permit: Yes 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 complet	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 certified 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	1718594	
Well Owner	Boles Land & Cattle	
Contractor	DB&E Co, LLC	

Lithology

From	То	Lithology Intervals
0	42	topsoil,fine,sandy,pale
42	72	caliche,fine,sandy,pale
72	102	clay,fine,sandy,dark
102	132	clay,fine,sandy,dark
132	162	sand & gravel,coarse,caliche stringers,dark
162	194	sand & gravel,fine,gravelly
194	226	sand,fine
226	260	clay,clayey,dark,brownish,blac k