KOLAR Document ID: 1711620

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____

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Lease Name & Well #:

of boreholes: _____ # of dewatering wells: _

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	roved?* Yes No
*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	

	County					
WELL	WATER U	SE				
сом	PLETION					
Dept	th of compl	eted wel	l:		ft.	
	th(s) groun					
(1)	ft.;	(2)	ft.;			
(3) _	ft.;	(4)	dry well			
Stati	c water leve	el in well	:	ft.		
	neasured be n (mm/dd/		l surface			
measured above land surface on (mm/dd/yy):						
Estir	nated yield	:	_gpm			
	er level was:				hours	
		1	pumping		gpm	
Pum	p installed?	Yes	No			
Wate	er well disir	fected?	Yes	No		

IEAREST SOURCE OF POTENTIAL CONTAMINATION					
Source:					
Distance from well:	Direction from well:				
Source description:					
Source:					
Distance from well:	Direction from well:				
Source description:					
No potential source within 100 feet.	of contamination				
PERMIT & ID NUMBERS	(AS REQUIRED)				
DWR Application No.:_					
KDHE / EPA Project Co	ode:				
Site Name:					
KDHE UIC Class V For					
County Permit: Yes	No Permit ID:				

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 re	econstructed	pursuant to the stated water well
contractor's license and was completed o	n	I certify that this record is true to
the best of my knowledge and belief. This	s water well recor	rd was completed on
under the business name of		,
Kansas Water Well Contractor's License	No	under the authority of the designated
person as defined in K.A.R. 28-30-2(j) ar	nd signed and cer	tified by the electronic signature of the
designated person at its submittal:		
Send one copy to WATER WELL OWNER and	retain one for your	records. Fee of \$5.00 for each constructed well.
KANSAS DEPARTME	ENT OF HEALTH A	ND 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 1711620		
Well Owner Keith Kennedy		
Contractor	RMD Drilling & Well Service, LLC	

Lithology

From	То	Lithology Intervals
0	2	topsoil
2	10	loess,fine
10	40	clay
40	52	sand,fine
52	73	sand,fine to medium
73	79	clay,caliche stringers
79	84	sand,fine
84	90	sand,fine,clayey
90	104	clay
104	115	sand,fine,clayey
115	130	sand,fine to medium,clayey,w/limestone strks
130	136	sand & gravel,fine to coarse
136	140	other,black shale