KOLAR Document ID: 1718300

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Lease Name & Well #:

of boreholes: _____ # of dewatering wells: __

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	U U
Casing type:	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	s/ft.
Wall thickness or gauge	no.:
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	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 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							
Dep	th of compl	eted wel	l:		ft.			
	th(s) groun							
(1)	ft.;	(2)	ft.;					
(3) _	ft.;	(4)	dry well					
Stati	Static water level in well: ft.							
measured below land 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				

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.	ce of contamination
PERMIT & ID NUMBE	RS (AS REQUIRED)
DWR Application No	.:
	Code:
Site Name:	
KDHE UIC Class V F	
County Permit: Yes	s 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	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 record 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	1718300	
Well Owner	vner CavRe Investments	
Contractor	Weninger Drilling, LLC	

Lithology

From	То	Lithology Intervals
0	2	topsoil
2	50	clay,red
50	57	sand,medium
57	77	clay,tan
77	78	limestone,moderately weathered
78	94	shale,moderately weathered,gray
94	104	sandstone,moderately weathered,gyp
104	107	shale,moderately weathered,gray
107	110	sandstone,moderately weathered,gyp