

**WATER WELL RECORD (WWC-5)**

KOLAR DOC ID \_\_\_\_\_ WELL ID \_\_\_\_\_  
 Original Record      Correction      Change in Well Use

**LOCATION OF WATER WELL**

Latitude		Longitude		Section		Township		Range		E W	Fraction		¼		¼		¼
Datum		Elevation		County													

**WATER WELL OWNER**

Name	
Business	
Address	
Well location	
at owner's address	

**WELL WATER USE**

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**COMPLETION**

Depth of completed well: \_\_\_\_\_ ft.

Depth(s) groundwater encountered:

(1) \_\_\_\_\_ ft.; (2) \_\_\_\_\_ ft.;

(3) \_\_\_\_\_ ft.; (4) dry well

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Static water level in well: \_\_\_\_\_ ft.

measured below land surface on (mm/dd/yy): \_\_\_\_\_

measured above land surface on (mm/dd/yy): \_\_\_\_\_

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Estimated yield: \_\_\_\_\_ gpm

Water level was: \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Pump installed?    Yes    No

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Water well disinfected?    Yes    No

Date disinfected (mm/dd/yy): \_\_\_\_\_

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Aquifer, if known: \_\_\_\_\_

**NEAREST SOURCE OF POTENTIAL CONTAMINATION**

Source: \_\_\_\_\_

Distance from well: \_\_\_\_\_      Direction from well: \_\_\_\_\_

Source description: \_\_\_\_\_

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Source: \_\_\_\_\_

Distance from well: \_\_\_\_\_      Direction from well: \_\_\_\_\_

Source description: \_\_\_\_\_

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No potential source of contamination within 100 feet.

**CONSTRUCTION**

Borehole interval: from _____ to _____ ft.	Borehole diameter: _____ in.
from _____ to _____ ft.	_____ in.
Casing height above land surface: _____ in.	
If casing height is less than 12 in. has a variance been approved? *    Yes    No	
*variance not required for monitoring or environmental remediation wells	
Casing type: _____	
Blank casing interval: _____ ft. to _____ ft.	
Blank casing diameter: _____ in.	
Casing joints: _____	
Weight: _____ lbs/ft.	
Wall thickness or gauge no.: _____	
Blank casing interval: _____ ft. to _____ ft.	
Blank casing diameter: _____ in.	
Casing joints: _____	
Weight: _____ lbs/ft.	
Wall thickness or gauge no.: _____	
Grout interval: _____ ft. to _____ ft.	
Grout material: _____	
Grout interval: _____ ft. to _____ ft.	
Grout material: _____	
Screen / perforation material: _____	
Screen / perforation openings: _____	
Screen / perforation intervals:	
From _____ ft. to _____ ft.	
Slot size _____ unit _____	
From _____ ft. to _____ ft.	
Slot size _____ unit _____	
Gravel pack intervals:	
Gravel pack not used:    Gravel size _____ in	
From _____ ft. to _____ ft.	
Gravel pack not used:    Gravel size _____ in	
From _____ ft. to _____ ft.	

**PERMIT & ID NUMBERS (AS REQUIRED)**

DWR Application No.: \_\_\_\_\_

KDHE / EPA Project Code: \_\_\_\_\_

Site Name: \_\_\_\_\_

KDHE UIC Class V Form Completed:    Yes    No

County Permit:    Yes    No    Permit ID: \_\_\_\_\_

Lease Name & Well #: \_\_\_\_\_

# of boreholes: \_\_\_\_\_    # of dewatering wells: \_\_\_\_\_

**LITHOLOGIC LOG**

FROM	TO	LITHOLOGY INTERVALS

**COMMENTS**

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**CONTRACTOR'S OR LANDOWNERS CERTIFICATION**

This water well was    constructed    reconstructed    pursuant to the stated water well contractor's license and was completed 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 License 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 your records. Fee of \$5.00 for each constructed well.

Form	WWC5.2 - Water Well Record
Doc ID	1723322
Well Owner	John Sorenson
Contractor	Associated Drilling, Inc. #990

Lithology

From	To	Lithology Intervals
0	19	clay
19	21	limestone,unweathered
21	48	shale,unweathered
48	50	limestone,unweathered
50	79	shale,unweathered
79	106	sandstone,unweathered,FINE SHALEY
106	140	shale,unweathered