KOLAR Document ID: 1721411

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 that has a variance been appr *variance not required for or environmental remee	roved?* Yes No or monitoring
Casing type:	nation wens
	ft. toft.
Blank casing diameter:	
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	
Blank casing interval:	
Blank casing diameter:	
Casing joints:	
Weight:lbs	
Wall thickness or gauge	no.:
Grout interval: ft. to	ft.
Grout material:	
Grout interval: ft. to	
Grout material:	
Screen / perforation material	:
Screen / perforation opening	gs:
Screen / perforation intervals	
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:	Gravel size in
From ft. to	ft.

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 C	OF POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential so within 100 feet.	urce of contamination
PERMIT & ID NUME	BERS (AS REQUIRED)
DWR Application	No.:
KDHE / EPA Proje	ct 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:

LITHOLOGIC LOG

то	LITHOLOGY INTERVALS
	то

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 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 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	1721411		
Well Owner	Hilgers		
Contractor	Karst Water Well Drilling and Service, Inc.		

Lithology

From	То	Lithology Intervals
0	1	topsoil
1	16	clay,brown
16	24	sand,fine,Cemented sand
24	31	gravel,fine
31	37	sand,fine,Cemented Sand
37	42	gravel,fine
42	54	sand,fine,Cemented Sand
54	88	clay,sandy,Small Gravel
88	103	gravel,fine to medium
103	115	shale,slightly weathered