KOLAR Document ID: 1721465

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 fo	roved?* Yes No
or environmental reme	U U
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:	in.
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	no.:
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	WELL WATER USE							
COMPLETION								
Dept	th of comp	leted we	ell:		ft.			
-	th(s) grou							
(1)_	ft.;	(2)	ft.;					
(3)_	ft.;	(4)	dry well					
Stati	Static water level in well: ft.							
	measured below land surface on (mm/dd/yy):							
	measured above land surface on (mm/dd/yy):							
Estir	Estimated yield: gpm							
Wate	er level wa	s:	ft. after		hours			
			pumping		gpm			
Pum	p installed	l? Yes	s No					
Wate	Water well disinfected? Yes No							
Date	Date disinfected (mm/dd/yy):							

Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sou within 100 feet.	rce of contamination
PERMIT & ID NUMB	ERS (AS REQUIRED)
DWR Application N	lo.:
	t Code:
0% NT	
	Form Completed: Yes No
County Permit: Y	es 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 complete		1					
-							
the best of my knowledge and belief. This water well record was completed on							
under the business name of		,					
Kansas Water Well Contractor's Licer	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	1721465	
Well Owner	F G Holl Co	
Contractor Rosencrantz-Bemis Ent., Inc.		

Lithology

From	То	Lithology Intervals
0	3	topsoil
3	15	clay,brown
15	30	clay,tan
30	75	shale,slightly weathered,light,gray
75	95	sandstone,slightly weathered,tan,loose w/ broken rock
95	105	shale,slightly weathered,yellowish
105	134	sandstone,slightly weathered,tan,w/ very small fire clay streaks
134	140	clay,red