KOLAR Document ID: 1730322

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Lease Name & Well #: ____

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				
WELI	WATER U	SE			
сом	PLETION				
Dep	th of compl	eted well	:		ft.
Dep	th(s) groun	dwater e	ncounter	ed:	
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4)	lry well		
Stati	c water leve	el in well:		ft.	
-	neasured be on (mm/dd/		surface		
	neasured ab on (mm/dd/		surface		
Estii	nated yield	:	_ gpm		
Wate	er level was:	:	_ft. after		hours
		F	oumping		gpm
Pun	np installed?	Yes	No		
Wate	er well disir	fected?	Yes	No	

Source:				
Distance	Direction			
from well:	from well:			
Source				
description:				
Source:				
Distance	Direction			
from well:	from well:			
Source				
description:				
No potential source of	contamination			
within 100 feet.				
PERMIT & ID NUMBERS (A	S REQUIRED)			
DWR Application No.:				
KDHE / EPA Project Code:				
Site Name:				
Site Name: KDHE UIC Class V Form	Completed: Yes No			

of boreholes: _____ # of dewatering wells: _

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Aquifer, if known: LITHOLOGIC LOG

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS			
		I			

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 1730322		
Well Owner ken or kathy mcvay		
Contractor	Oberlin Well Service LLC	

Lithology

From	То	Lithology Intervals
0	12	topsoil
12	30	clay
30	55	other,limestone
55	62	clay-lean
62	98	other,limestone
98	120	clay-lean
120	135	sand,fine
135	150	sand,medium
150	205	sand & gravel,medium to coarse
205	210	other,shale