## KOLAR Document ID: 1729732

# 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 the has a variance been appr *variance not required fo	roved?* Yes No
or environmental remed	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	ft.
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	ft.
Gravel pack not used:	
From ft. to	

	County				
WELL	WATER U	SE			
сомі	PLETION				
Dept	th of compl	eted well	l:		ft.
	th(s) groun				
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4) (4)	lry well		
Stati	c water leve	el in well	:	ft.	
	neasured be on (mm/dd/		l surface		
	neasured at on (mm/dd/		l surface		
Estir	nated yield	:	_ gpm		
Wate	er level was	:	_ft. after		hours
		I	oumping		gpm
Pum	p installed	Yes	No		
Wate	er well disir	fected?	Yes	No	

Source:	
Distance from well:	Direction
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sour within 100 feet.	rce of contamination
PERMIT & ID NUMBE	RS (AS REQUIRED)
DWR Application N	0.:
KDHE / EPA Project	Code:
Site Name:	
KDHE UIC Class V	Form Completed: Yes No
County Permit: Ye	es No Permit ID:

# Aquifer, if known:

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS			

#### COMMENTS

### CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed re	econstructed	pursuant to the stated water well
contractor's license and was completed o	n	I certify that this record is true to
the best of my knowledge and belief. This	s water well recor	rd 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) ar	nd signed and cer	tified 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.
KANSAS DEPARTME	ENT OF HEALTH A	ND 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 1729732			
Well Owner	John Fouard		
Contractor	Dudley Wiegand		

# Lithology

From	То	Lithology Intervals
0	2	topsoil
2	15	clay
15	25	silt
25	35	clay
35	50	shale,fractured
50	60	iron formation,unweathered
60	90	shale,unweathered