KOLAR Document ID: 1732192

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

Correction

Original Record

WELL ID Change in Well Use

LOCATION OF WATER WELL

Latitude	Longitude	Section	Towns	ip .	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	
CONCERNICE	

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 comp	leted v	vell:		ft.
Dept	th(s) grour	idwate	r encount	ered:	
(1)_	ft.;	(2) _	ft.;		
(3) _	ft.;	(4)	dry wel	1	
Stati	c water lev	el in w	ell:	ft.	
	neasured b n (mm/dd		nd surfac		
	neasured al n (mm/dd		nd surfac	e	
Estir	nated yield	:	gpm		
Wate	er level was	:	ft. afte	er	hours
			pumpin	ıg	gpm
Pum	p installed	? Y	es No		

Water well disinfected?	Yes	No
Date disinfected (mm/dd	/vv)·	

Date disinfected (mm/dd/yy):	

Source description: Source: Distance Direction from well: from well: Source description: No potential source of contamination within 100 feet.

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Direction

from well:

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:				

Aquifer, if known: LITHOLOGIC LOG

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 complet	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	1732192
Well Owner	Hubbard Land CO.LLC//Greg Hubbard
Contractor	Wilcox Well Drilling LLC

Lithology

From	То	Lithology Intervals
0	5	topsoil
5	60	clay
60	78	sandstone,unknown
78	85	other,highly weathered,magstone
85	110	clay
110	130	sandstone, highly weathered
130	135	other,highly weathered,magstone
135	153	sandstone,unweathered
153	180	gravel,fine to medium
180	191	sandstone,completely weathered
191	209	other,completely weathered,mag
209	220	sandstone,completely weathered
220	232	gravel,medium to coarse
232	235	shale,completely weathered