

**WATER WELL RECORD (WWC-5)**

KOLAR DOC ID \_\_\_\_\_ WELL ID \_\_\_\_\_  
 Original Record      Correction      Change in Well Use

**LOCATION OF WATER WELL**

Latitude		Longitude		Section		Township		Range		E W	Fraction	¼	¼	¼
Datum		Elevation		County										

**WATER WELL OWNER**

Name	
Business	
Address	
Well location at owner's address	

**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. after \_\_\_\_\_ hours  
 pumping \_\_\_\_\_ gpm  
 Pump installed?    Yes    No

Water well disinfected?    Yes    No  
 Date disinfected (mm/dd/yy): \_\_\_\_\_

Aquifer, if known: \_\_\_\_\_

**NEAREST SOURCE OF POTENTIAL CONTAMINATION**

Source: \_\_\_\_\_  
 Distance from well: \_\_\_\_\_      Direction from well: \_\_\_\_\_  
 Source description: \_\_\_\_\_

Source: \_\_\_\_\_  
 Distance from well: \_\_\_\_\_      Direction from well: \_\_\_\_\_  
 Source description: \_\_\_\_\_

No potential source of contamination within 100 feet.

**CONSTRUCTION**

Borehole interval: from _____ to _____ ft.	Borehole diameter: _____ in.
from _____ to _____ ft.	_____ in.
Casing height above land surface: _____ in. If casing height is less than 12 in. has a variance been approved? * Yes    No *variance not required for monitoring or environmental remediation wells	
Casing type: _____	
Blank casing interval: _____ ft. to _____ ft.	
Blank casing diameter: _____ in.	
Casing joints: _____	
Weight: _____ lbs/ft.	
Wall thickness or gauge no.: _____	
Blank casing interval: _____ ft. to _____ ft.	
Blank casing diameter: _____ in.	
Casing joints: _____	
Weight: _____ lbs/ft.	
Wall thickness or gauge no.: _____	
Grout interval: _____ ft. to _____ ft.	
Grout material: _____	
Grout interval: _____ ft. to _____ ft.	
Grout material: _____	
Screen / perforation material: _____	
Screen / perforation openings: _____	
Screen / perforation intervals: From _____ ft. to _____ ft. Slot size _____ unit _____	
From _____ ft. 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.	

**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: \_\_\_\_\_

**LITHOLOGIC LOG**

FROM	TO	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 completed on \_\_\_\_\_. I certify that this record is true to the best of my knowledge and belief. This water well record 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) and signed and certified 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.

Form	WWC5.2 - Water Well Record
Doc ID	1731217
Well Owner	Schlegel
Contractor	Karst Water Well Drilling and Service, Inc.

Lithology

From	To	Lithology Intervals
0	1	topsoil
1	6	clay
6	16	sand & gravel, fine to medium
16	20	clay, Limestone rock
20	23	clay, brown
23	132	shale, slightly weathered
132	153	clay, gray
153	165	clay, white
165	175	clay, brown
175	220	clay, white, sandrock
220	235	other, sandrock
235	240	clay, white, sandrock