### KOLAR Document ID: 1733187

## WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

Lease Name & Well #: \_\_\_\_

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	ISE				
сом	PLETION					
Dept	th of comp	leted we	11:		ft.	
Dept	th(s) groui	ndwater e	encounter	ed:		
(1)_	ft.;	(2)	ft.;			
(3)_	ft.;	(4)	dry well			
Stati	c water lev	el in wel	l:	ft.		
	neasured b n (mm/dd		d surface			
	neasured a n (mm/dd		d surface			
Estir	nated yield	1:	gpm			
Wate	er level wa	s:	ft. after		hours	
			pumping		gpm	
Pum	p installed	l? Yes	No			
Wate	er well disi	nfected?	Yes	No		
Date	Date disinfected (mm/dd/yy):					

NEAREST SOURCE O	F POTENTIAL CONTAMINATIO		
Source:			
Distance from well:	Direction from well:		
Source description:			
Source:			
Distance	Direction		
from well: from well:			
Source			
description:			
No potential sou within 100 feet.	rce of contamination		
PERMIT & ID NUMB	ERS (AS REQUIRED)		
DWR Application N	ło.:		
	t Code:		
KDHE UIC Class V	Form Completed: Yes No		
County Permit: Y	es No Permit ID:		

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

# Aquifer, if known:

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	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	1733187		
Well Owner	Jim Corman		
Contractor	Associated Drilling, Inc. #990		

## Lithology

From	То	Lithology Intervals
0	8	clay
8	10	shale,unweathered
10	41	sandstone,unweathered,dry
41	66	shale,unweathered
66	71	sandstone,unweathered
71	80	shale,unweathered
80	100	sandstone,unweathered,H20