KOLAR Document ID: 1731345

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	Т	Township	F	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	ell:		ft.	
_	th(s) grou					
(1)_	ft.;	(2)	ft.;			
(3) _	ft.;	(4)	dry well			
Stati	Static water level in well: ft.					
measured below land surface on (mm/dd/yy):						
measured above land surface on (mm/dd/yy):						
Estir	nated yield	l:	gpm			
Wate	er level wa	s:	ft. after		hours	
			pumping		gpm	
Pum	p installed	l? Yes	s No			
Wate	er well disi	nfected?	Yes	No		
Date disinfected (mm/dd/yy):						

NEAREST SOURCE OF	POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance	Direction from well:
Source description:	
No potential sour within 100 feet.	ce of contamination
PERMIT & ID NUMBE	RS (AS REQUIRED)
DWR Application No).:
	Code:
Site Name:	
	Form Completed: Yes No
County Permit: Yes	s No Permit ID:

of boreholes: _____ # of dewatering wells: _

Aquifer, if known:

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 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	1731345	
Well Owner	Tom Wilkinson	
Contractor	Flint Hills Drilling #914	

Lithology

From	То	Lithology Intervals
0	4	clay
4	7	limestone,completely weathered
7	23	shale,unweathered,tan
23	40	shale,unweathered,red
40	45	shale,unweathered,gray
45	50	limestone,unweathered
50	60	shale,unweathered,tan,with limestone layers
60	86	shale,unweathered,tan
86	98	shale,highly weathered,gray
98	120	shale,unweathered,gray
120	134	limestone, highly weathered
134	140	shale,unweathered,gray