KOLAR Document ID: 1734603

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					

CONSTRUCTION

Borehole interval:	Borehole diameter:		
fromtoft.	in.		
fromtoft.	in.		
Casing height above land su			
If casing height is less th has a variance been app *variance not required fo	roved?* Yes No		
or environmental reme	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	oft.		
Grout material:			
Grout interval: ft. to	oft.		
Grout material:			
Screen / perforation material	:		
Screen / perforation opening	gs:		
Screen / perforation interval	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	WELL WATER USE							
COMPLETION								
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	Water well disinfected? Yes No							
Date	Date disinfected (mm/dd/yy):							

Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sou within 100 feet.	rce of contamination
PERMIT & ID NUMB	ERS (AS REQUIRED)
DWR Application N	lo.:
	t Code:
0% NT	
	Form Completed: Yes No
County Permit: Y	es No Permit ID:

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 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	1734603	
Well Owner	Bill Came	
Contractor	Flint Hills Drilling #914	

Lithology

From	То	Lithology Intervals
0	26	clay
26	41	clay,sandy,tan
41	45	sand,fine to medium
45	53	sand,medium to coarse
53	60	sand & gravel,medium to coarse
60	71	gravel,medium to coarse
71	200	shale,unweathered,gray