KOLAR Document ID: 1728081

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____

Original Record

Correction

Lease Name & Well #: ____

of boreholes: _____ # of dewatering wells: _

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	
CONCERNICE	

CONSTRUCTION

Borehole interval:		Borehole	diameter:
fromto	_ ft.	_	in.
fromto	_ ft.	_	in.
Casing height above	land su		
If casing height is has a variance be			Yes No
*variance not rec or environment	•		0
Casing type:			
Blank casing interval	l:	ft. to	ft.
Blank casing diamete	er:	in.	
Casing joints:			
Weight:	lbs	/ft.	
Wall thickness or	r gauge i	no.:	
Blank casing interval	l:	ft. to	ft.
Blank casing diamete	er:	in.	
Casing joints:			
	lbs		
Wall thickness or			
Grout interval:	ft. to	ft.	
Grout material:			_
Grout interval:	ft. to	ft.	
Grout material:			_
Screen / perforation	material	:	
Screen / perforation	opening	gs:	
Screen / perforation i	intervals	:	
Fromft. to		_ft.	
Slot size	unit		
From ft. to		_ft.	
Slot size	unit		
Gravel pack intervals	s:		
Gravel pack not u	ised:	Gravel size	e in
From ft.			
Gravel pack not u			ein
From ft.			

	County				
WELL	WATER U	SE			
сом	PLETION				
Dept	th of comp	leted well	:		ft.
	th(s) groun				
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4)	lry well		
Stati	c water lev	el in well:		ft.	
	neasured b n (mm/dd		l surface		
	neasured a n (mm/dd		surface		
Estir	nated yield	l:	_gpm		
Wate	er level wa	8:	_ ft. after	·	hours
		F	oumping		gpm
Pum	p installed	? Yes	No		
Wate	er well disi	nfected?	Yes	No	
Date	disinfecte	d (mm/d	d/yy): _		

NEAREST SOURCE OF P	OTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential source within 100 feet.	e of contamination
PERMIT & ID NUMBER	S (AS REQUIRED)
DWR Application No.:	
	Code:
Site Name:	
KDHE UIC Class V Fo	orm Completed: Yes No
County Permit: Yes	No Permit ID:

Aquifer, if known:

FROM	то	LITHOLOGY INTERVALS

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed re	econstructed	pursuant to the stated water well
contractor's license and was completed o	n	I certify that this record is true to
the best of my knowledge and belief. This	s water well recor	rd 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) ar	nd signed and cer	tified 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.
KANSAS DEPARTME	ENT OF HEALTH A	ND 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

HTRW DRILLI	NG LOG °	ISTRICT			m	RI-MW/6
COMPANY NAME	2	DRILL SUBSONTRA	cion 1.	+ -		SHEET SHEETS
J. PROJECT IN IN PE	Logic, Inc S	ALOCATION	the w	orks, I	ne	I or 5
S. NAME OF DRILLER	-AS	Y	n Con	nell t-	IFB	
Josemy Nach	6. MANUFACTUR	ER'S DESIGN	ATION OF DRI	LS-2	30	
7. SIZES AND TYPES OF DRILLING AND SAMPLING EQUIPMENT		B.HOLE LOCA	101			
Sonic (over)	c Calling	9. SURFACE EL	EVATION			
9 " Coneborr	x(,	10.0ALE STAR	50	-	11. DATE COMPL	TED
12. OVERBURDEN THICKNESS		15. DEPTH GROU			12-13	-22
IVA				be	FTER DRILLING	270
13. DEPTH DRILLED INTO ROCK NA		16.0EPTH TO	ATER AND EL	APSED TIME A	FIER DRILLING	
14. TOTAL DEPTH OF HOLE 401	55	17.OTHER WAT	ER LEVEL ME	SUREMENTS (S	PECIFY)	-
18. GEDTECHNICAL SAMPLES	DISTURBED	UNDISTURBED	19.TOTAL	NUMBER OF CO	RE BOXES	-
20. SAMPLES FOR CHEMICAL ANALYSIS	VOC N			OTHER (SPEC	IFYI OTHER IS	RECOVERY
22.01SPOSITION OF HOLE	BACKFILLED MONITO		R (SPECIFY)	23. SIGNATUR	ENE INSPECTOR	A RECOVERT
		1			The	rut
LOCATION SKETCH/COMMENTS	5				SCALE	
	÷		·····			
	<u>:</u>		<u></u>	· · · · · · · · · · · · · · · · · · ·		
			: :			
	: : : : :	: : :	:			
		·····				
· · · · · · · · · · · · · · · · · · ·	÷		· {· · · · {· · · ·			
			. .			
	·····					
· · · · · · · · · · · · · · · · · · ·	···· · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
	1 1 1 1					
	·····	•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •			
· · · · · · · · · · · · · · · · · · ·						
				1 1	: :	
ROJECT Midwest P	FAS		in a state of the	Н	DLE NO.	CRI-MWIG







