KOLAR Document ID: 1738843

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	
CONCERNICE	

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	Ũ
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	WATER U	SE				
сомі	PLETION					
Dept	th of compl	eted well	l:		ft.	
	th(s) groun					
(1)_	ft.;	(2)	ft.;			
(3) _	ft.;	(4)	lry well			
Stati	c water leve	el in well	:	ft.		
	neasured be on (mm/dd/		l surface			
	measured above land surface on (mm/dd/yy):					
Estir	nated yield	:	_ gpm			
Wate	er level was	:	_ft. after		hours	
		I	oumping		gpm	
Pum	p installed	Yes	No			
Wate	er well disir	fected?	Yes	No		

NEAREST SOURCE OF	POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction
Source description:	
No potential sour within 100 feet.	rce of contamination
PERMIT & ID NUMBE	RS (AS REQUIRED)
DWR Application No	0.:
KDHE / EPA Project	Code:
a	
	Form Completed: Yes No
County Permit: Ye	es No Permit ID:

Aquifer, if known:

Date disinfected (mm/dd/yy):

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 record was completed on				
under the business name of		,		
Kansas Water Well Contractor's Licer	nse 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 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	1738843
Well Owner	Alonzo Gomez
Contractor	Rosencrantz-Bemis Ent., Inc.

Grout

From	То	Grout Material
0	20	Bentonite
45	50	Bentonite
55	60	Bentonite

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Lithology

From	То	Lithology Intervals
0	2	topsoil
2	19	clay,brown,& tan clay
19	45	sand & gravel,medium
45	49	clay,tan
49	55	sand & gravel,medium
55	77	clay,tan
77	86	sand & gravel,medium
86	90	shale,slightly weathered

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Screen and Gravel

From	То		Gravel Pack Used			Gravel Size
70	90		Yes	20	45	
			Yes	50	55	
			Yes	60	90	