KOLAR Document ID: 1744849

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____

Source: _ Distance

from well:

Source description:

Correction

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

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 or environmental remee	roved?* Yes No or monitoring
Casing type:	
Blank casing interval:	ft. toft.
Blank casing diameter:	
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	
Blank casing interval:	ft. toft.
Blank casing diameter:	
Casing joints:	
Weight:lbs	
Wall thickness or gauge	
Grout interval: ft. to	pft.
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:	Gravel size in
From ft. to	ft.

County				
WELL WATER U	SE			
COMPLETION				
Depth of comp	leted well	:		ft
Depth(s) groun	ndwater e	ncountere	ed:	
(1)ft.;	(2)	ft.;		
(3)ft.;	(4)	lry well		
Static water lev	el in well:		_ft.	
measured b on (mm/dd		l surface		
measured a on (mm/dd		surface		
Estimated yield	1:	gpm		
Water level was	s:	ft. after		hours
	F	oumping_		gpm
Pump installed	? Yes	No		

Yes

No

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.:	
KDHE / EPA Project C	Code:
Site Name:	
KDHE UIC Class V Fo	orm Completed: Yes No
County Permit: Yes	No Permit ID:
Lease Name & Well #:	
# of boreholes:	# of dewatering wells:

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Direction

from well:

Aquifer, if known:

Water well disinfected?

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	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 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 1744849		
Well Owner Mike Hampton		
Contractor	Weninger Drilling, LLC	

Lithology

From	То	Lithology Intervals
0	2	topsoil
2	4	clay,brown
4	31	clay,tan
31	34	sand,fine,clayey,tannish
34	46	sand,fine to medium,clayey,tannish
46	52	sand,medium to coarse
52	58	sand & gravel,coarse
58	60	clay,tan