KOLAR Document ID: 1755257

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____

Source: _ Distance

from well:

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	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	WATER U	SE			
сом	PLETION				
Dept	th of comp	eted w	rell:		ft.
1	1		encounter		
(1)	ft.;	(2)	ft.;		
(3) _	ft.;	(4)	dry well		
Stati	c water leve	el in wo	ell:	_ft.	
	neasured be on (mm/dd/		nd surface		
	neasured at on (mm/dd/		nd surface		
Estir	nated yield	:	gpm		
Wate	er level was	:	ft. after		hours
			pumping		gpm
Pum	p installed	? Ye	es No		

Yes No

Source description:			
Source:			
Distance from well:	Direction from well:		
Source description:			
No potential source within 100 feet.	of contamination	1	
PERMIT & ID NUMBERS	(AS REQUIRED)		
DWR Application No.:_			
KDHE / EPA Project Co	ode:		
Site Name:			
KDHE UIC Class V For	rm 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):

LITHOLOGIC LOG

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 completed	on	I certify that this record is true to
the best of my knowledge and belief. The	his water well reco	ord was completed on
under the business name of		,
Kansas Water Well Contractor's License	e No	_ under the authority of the designated
person as defined in K.A.R. 28-30-2(j)	and signed and co	ertified by the electronic signature of the
designated person at its submittal:		
Send one copy to WATER WELL OWNER and	d retain one for you	r records. Fee of \$5.00 for each constructed well
KANSAS DEPARTM	MENT 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 1755257		
Well Owner	Vell Owner Moeder Construction	
Contractor Premier Pump & Well Service, Inc. #238		

Lithology

From	То	Lithology Intervals
0	3	topsoil
3	16	clay,tan
16	21	clay,silty,tan
21	33	sand,fine
33	51	sand,medium
51	59	sand,fine,white
59	72	clay,tan
72	81	sand,fine,white