KOLAR Document ID: 1769013

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

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	NELL WATER USE						
сомі	PLETION						
Dept	th of comp	leted we	ll:		_ft.		
Dept	th(s) groui	ndwater	encounter	ed:			
(1)_	ft.;	(2)	ft.;				
(3)_	ft.;	(4)	dry well				
Static water level in well: ft.							
	measured below land surface on (mm/dd/yy):						
	measured above land surface on (mm/dd/yy):						
Estir	Estimated yield: gpm						
Wate	er level wa	s:	ft. after		hours		
			pumping		gpm		
Pum	p installed	l? Yes	No				
Wate	Water well disinfected? Yes No						
Date	Date disinfected (mm/dd/yy):						

NEAREST SOURCE O	F POTENTIAL CONTAMINATIO
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential so within 100 feet.	urce of contamination
PERMIT & ID NUMB	BERS (AS REQUIRED)
DWR Application 1	No.:
KDHE / EPA Proje	ct Code:
Site Name:	
KDHE UIC Class V	Form Completed: Yes No
County Permit:	Yes No Permit ID:
Lease Name & Well	1#:

of boreholes: _____ # of dewatering wells: _

Aquifer, if known:

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 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. 28-30-20	(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	rr 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	1769013	
Well Owner	Bill Weaver	
Contractor	Flint Hills Drilling #914	

Lithology

From	То	Lithology Intervals
0	3	clay,brown
3	20	clay,brown,with gray
20	25	sandstone,unweathered,tan
25	40	shale,completely weathered,gray,with sandstone
40	66	shale,completely weathered,gray
66	73	shale,completely weathered,tan,with sandstone layers
73	85	shale,completely weathered,gray
85	113	shale,completely weathered,gray,with red clay
113	130	shale,completely weathered,gray,with tan clay
130	170	shale,completely weathered,gray,with sandstone layers
170	300	sandstone,unweathered,gray