KOLAR Document ID: 1776817

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

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 the has a variance been appr *variance not required fo	roved?* Yes No
or environmental remed	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	ft.
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:	
From ft. to	

	County				
WELL	WATER U	SE			
сом	PLETION				
Dept	th of comp	leted w	rell:		ft.
Dept	th(s) grou	ndwater	encounter	ed:	
(1)_	ft.;	(2)	ft.;		
(3)	ft.;	(4)	dry well		
Stati	c water lev	el in we	ell:	_ft.	
	neasured b n (mm/dd		nd surface		
	neasured a n (mm/dd		nd surface		
Estir	nated yield	l:	gpm		
Wate	er level wa	s:	ft. after		hours
			pumping		gpm
Pum	p installed	? Ye	es No		

Yes No

Source:					
Distance	Direction				
from well:	from well:				
Source description:					
Source:					
Distance	Direction				
from well:	from well:				
Source					
description:					
No potential source of contamination within 100 feet.					
PERMIT & ID NUMBEI	RS (AS REQUIRED)				
DWR Application No	.:				
KDHE / EPA Project Code:					
Site Name:					
KDHE UIC Class V Form Completed: Yes No					
County Permit: Yes	No Permit ID:				
Lease Name & Well #	:				

of boreholes: _____ # of dewatering wells: _

NEAREST SOURCE OF POTENTIAL CONTAMINATION

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	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. 28-30-2(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	1776817	
Well Owner Mike Blochlinger		
Contractor	Associated Drilling, Inc. #990	

Lithology

From	То	Lithology Intervals
0	1	clay
1	10	limestone,unweathered
10	19	shale,unweathered,tan
19	88	shale,unweathered,gray
88	93	sandstone,unweathered
93	100	shale,unweathered,gray
100	103	sandstone,unweathered
103	108	shale,unweathered
108	142	sandstone,unweathered
142	163	shale,unweathered
163	212	sandstone,unweathered
212	217	limestone,unweathered,hard
217	228	sandstone,unweathered
228	250	shale,unweathered,reddish,gr ay