# KOLAR Document ID: 1777175

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:\_\_

Lease Name & Well #:

KDHE / EPA Project Code:

Source description:

Source description: Source: Distance

Correction

Original Record

ft.

gpm

WELL ID Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

KDHE UIC Class V Form Completed: Yes No

County Permit: Yes No Permit ID:

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

PERMIT & ID NUMBERS (AS REQUIRED)

Direction

from well:

Direction

from well:

## LOCATION OF WATER WELL

Latitude	Longitude	Section	Т	Township	F	Range	E W	Fraction	1⁄4	1⁄4	1⁄4
Datum	Elevation	County									

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### 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 for or environmental reme	
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:	
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	
Grout interval: ft. to	oft.
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	
Gravel pack not used:	
From ft. to	

	County					
VELL	VELL WATER USE					
ом	PLETION					
Dept	th of comp	leted w	ell:			
Dept	th(s) grou	ndwate	r encounter	ed:		
(1)_	ft.;	(2) _	ft.;			
(3)	ft.;	(4)	dry well			
Stati	c water lev	el in w	ell:	_ft.		
measured below land surface on (mm/dd/yy):						
measured above land surface on (mm/dd/yy):						
Estimated yield: gpm						

Water level was: \_ \_ ft. after \_\_\_ hours

pumping\_ Pump installed? Yes No

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

Aquifer, if known:

## LIT

1				
THOLOGIC LOG				
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 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	1777175		
Well Owner	Scott Plummer		
Contractor	Premier Pump & Well Service, Inc. #238		

# Lithology

From	То	Lithology Intervals
0	3	topsoil
3	16	clay,brown
16	22	clay,silty,brown
22	31	sand,fine
31	43	sand,medium
43	45	clay,tan
45	57	sand,fine
57	100	clay,fine,sandy,other,blue