KOLAR Document ID: 1789017

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				
Dep	th of compl	eted we	ll:		ft.
Dep	th(s) groun	dwater e	encounter	ed:	
(1)_	ft.;	(2)	ft.;		
(3)_	ft.;	(4)	dry well		
Stati	c water leve	el in wel	l:	ft.	
	neasured be on (mm/dd/		d surface		
measured above land surface on (mm/dd/yy):					
Estir	nated yield	:	_ gpm		
Wate	er level was	:	ft. after		hours
			pumping		gpm
Pum	np installed	? Yes	No		
Wate	er well disir	fected?	Yes	No	

source:	
Distance from well:	Direction from well:
110111 went	110111 well
Source description:	
Source:	
Distance	Direction
from well:	from well:
Source	
description:	
No potential source of within 100 feet.	f contamination
ERMIT & ID NUMBERS (A	AS REQUIRED)
DMD Application No.	
DWR Application No.:	
KDHE / EPA Project Cod	e:
Site Name:	
KDHE UIC Class V Form	Completed: Yes No
County Permit: Yes	No Permit ID:

of boreholes: _____ # of dewatering wells: _

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Aquifer, if known: LITHOLOGIC LOG

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS			
		•			

F

Lease Name & Well #: ____

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	1789017	
Well Owner Chris Brown		
Contractor	Weninger Drilling, LLC	

Lithology

From	То	Lithology Intervals
0	2	topsoil
2	4	clay,brown
4	9	clay,silty,brown
9	15	sand,fine,clayey,brownish
15	24	sand,fine to medium
24	55	sand,medium
55	61	gravel,fine to medium
61	65	clay,tan
65	67	shale,moderately weathered,gray