KOLAR Document ID: 1794440

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 we	ell:		ft.
Dept	th(s) grour	dwater	encounter	ed:	
(1)_	ft.;	(2)	ft.;		
(3)_	ft.;	(4)	dry well		
Stati	c water lev	el in wel	l:	ft.	
	neasured b n (mm/dd		d surface		
	neasured al n (mm/dd		d surface		
Estir	nated yield	:	gpm		
Wate	er level was	:	ft. after		hours
			pumping		gpm
Pum	p installed	? Yes	s No		
Wate	er well disi	nfected?	Yes	No	

NEAREST SOURCE OF PO	DTENTIAL CONT		
Source:			
Distance from well:	Direction from well:		
Source description:			
Source:			
Distance from well:	Direction from well:		
Source description:			
No potential source within 100 feet.	of contaminatio	on	
PERMIT & ID NUMBERS	(AS REQUIRED)	
DWR Application No.:_			
KDHE / EPA Project Co	ode:		
Site Name:			
KDHE UIC Class V For	m Completed:	Yes	No

County Permit: Yes No Permit ID: _

of boreholes: _____ # of dewatering wells: _

Lease Name & Well #:

Aquifer, if known:

Date disinfected (mm/dd/yy):

LITHOLOGIC LOG

то	LITHOLOGY INTERVALS
	то

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 Licer	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 a	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	1794440	
Well Owner	Jacob Nagely	
Contractor	Associated Drilling, Inc. #990	

Lithology

From	То	Lithology Intervals
0	8	clay
8	20	sand,fine to medium
20	26	sandstone,unweathered
26	36	shale,unweathered,sandy
36	44	shale,unweathered
44	48	sandstone,unweathered
48	51	shale,unweathered
51	57	sandstone,unweathered
57	62	shale,unweathered
62	72	sandstone,unweathered
72	84	limestone,unweathered
84	138	shale,unweathered
138	175	limestone,unweathered
175	185	shale,unweathered
185	200	limestone,unweathered