KOLAR Document ID: 1794726

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

r

Original Record

Correction

Lease Name & Well #:

of boreholes: _____ # of dewatering wells: _

WELL ID_____ Change in Well Use

LOCATION OF WATER WELL

Latitude	Longitude	Section	Т	Township	F	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	roved?* Yes No
*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				
WELL	WATER U	SE			
сом	PLETION				
Dept	th of compl	eted wel	l:		ft.
	th(s) groun				
(1)	ft.;	(2)	ft.;		
(3) _	ft.;	(4)	dry well		
Stati	c water leve	el in well	:	ft.	
	neasured be n (mm/dd/		l surface		
	neasured ab n (mm/dd/		l surface		
Estir	nated yield	:	_gpm		
	er level was:				hours
		1	pumping		gpm
Pum	p installed?	Yes	No		
Wate	er well disir	fected?	Yes	No	

IEAREST SOURCE OF POTENTIAL CONTAMINATION				
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 contamination			
PERMIT & ID NUMBERS	(AS REQUIRED)			
DWR Application No.:_				
KDHE / EPA Project Co	ode:			
Site Name:				
KDHE UIC Class V For				
County Permit: Yes	No Permit ID:			

Aquifer, if known:

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 complet	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	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	1794726
Well Owner	Cashco, INC
Contractor Plains Environmental Services, Inc #1039	

Lithology

From	То	Lithology Intervals
0	.5	gravel,coarse
.5	2	topsoil
2	5	clay,sandy
5	8	clay-lean
8	10	clay,sandy
10	12.5	clay-lean
12.5	13	shale,moderately weathered