KOLAR Document ID: 1795843

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____

Correction

Lease Name & Well #:

of boreholes: _____ # of dewatering wells: __

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.
fromto ft.	in.
Casing height above land su	
If casing height is less the has a variance been appr	
*variance not required for or environmental remed	Ų
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	
Grout interval: ft. to	9ft.
Grout material:	
Grout interval: ft. to	9ft.
Grout material:	
Screen / perforation material	:
Screen / perforation opening	gs:
Screen / perforation intervals	8:
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 comp	leted we	ell:		ft.
	th(s) grour				
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4)	dry well		
Stati	c water lev	el in we	ll:	ft.	
	neasured b n (mm/dd		nd surface		
	neasured a n (mm/dd		nd surface		
Estir	nated yield	l:	gpm		
Wate	er level was	:	ft. after		hours
			pumping		gpm
Pum	p installed	? Ye	s No		
Wate	er well disi	nfected	Yes	No	

Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential so within 100 feet.	urce of contamination
PERMIT & ID NUME	BERS (AS REQUIRED)
DWR Application 1	No.:
	ct Code:
Site Name:	
KDHE UIC Class V	/ Form Completed: Yes No
County Permit:	Yes No Permit ID:

Aquifer, if known:

Date disinfected (mm/dd/yy):

ITHOLOG						
FROM	то	LITHOLOGY INTERVALS				
	1	I				

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	1795843
Well Owner Mark Roos	
Contractor	Associated Drilling, Inc. #990

Lithology

From	То	Lithology Intervals
0	5	clay
5	7	limestone,fractured
7	11	limestone, unweathered
11	13	shale,unweathered
13	19	shale,unweathered,sandy
19	35	limestone, unweathered
35	46	shale,unweathered
46	53	sandstone,unweathered
53	57	shale,unweathered
57	128	limestone, unweathered
128	160	shale,unweathered
160	170	limestone, unweathered