KOLAR Document ID: 1796454

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				

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					
сомі	PLETION						
Dept	th of compl	eted we	11:		ft.		
	th(s) groun						
(1)_	ft.;	(2)	ft.;				
(3) _	ft.;	(4)	dry well				
Static water level in well: ft.							
measured below land surface on (mm/dd/yy):							
measured above land surface on (mm/dd/yy):							
Estir	nated yield	:	_gpm				
Wate	er level was	:	ft. after		hours		
			pumping		gpm		
Pum	p installed	Yes	No				
Wate	er well disir	fected?	Yes	No			

Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sou within 100 feet.	irce of contamination
PERMIT & ID NUMB	ERS (AS REQUIRED)
DWR Application N	Jo.:
	t Code:
Site Name:	
KDHE UIC Class V	
County Permit: Y	es 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	ense 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	1796454	
Well Owner	Craig McClelland	
Contractor	Associated Drilling, Inc. #990	

Lithology

From	То	Lithology Intervals
0	29	clay,silty
29	49	clay,sandy
49	53	sand,fine to medium
53	69	sand & gravel,coarse
69	88	shale,unweathered
88	91	shale,unweathered,w/ pyrite layers
91	99	sandstone,unweathered,SHA LEY
99	100	limestone,unweathered