## KOLAR Document ID: 1797892

## 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 th has a variance been app	
*variance not required for or environmental reme	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	
Grout interval: ft. to	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	
Screen / perforation opening	gs:
Screen / perforation intervals	5:
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	

## WELL WATER USE

COMPLETION					
Depth of completed well:ft.					
Depth(s) groundwater encountered:					
(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):					
Estimated yield: gpm					
Water level was: ft. afterhours					
pumping gpm					
Pump installed? Yes No					
Water well disinfected? Yes No					
Date disinfected (mm/dd/yy):					

Source:		
Distance from well:	Direction	
Source description:		
Source:		
Distance from well:	Direction from well:	
Source description:		
No potential sou within 100 feet.	arce of contamination	
ERMIT & ID NUMB	ERS (AS REQUIRED)	
DWR Application N	No.:	
	ct Code:	
Cita Mamaa		

County Permit: Yes No Permit ID:

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

Lease Name & Well #:

## Aquifer, if known:

## LITHOLOGIC LOG

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 completed	on	I certify that this record is true to
the best of my knowledge and belief. The	his water well reco	ord was completed on
under the business name of		,
Kansas Water Well Contractor's License	e No	_ under the authority of the designated
person as defined in K.A.R. 28-30-2(j)	and signed and co	ertified by the electronic signature of the
designated person at its submittal:		
Send one copy to WATER WELL OWNER and	d retain one for you	r records. Fee of \$5.00 for each constructed well
KANSAS DEPARTM	MENT 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	1797892		
Well Owner	HEINRICH SCHMITT		
Contractor Southwest Windmill & Water Well Service, Inc.			

# Lithology

From	То	Lithology Intervals
0	3	topsoil
3	32	clay
32	56	clay,sandy
56	112	sand,fine to medium
112	130	caliche
130	255	clay,sandy
255	273	caliche,clayey,GRAVEL STREAKS
273	312	clay,sandy
312	328	caliche,gravelly
328	342	sand,fine to medium,clayey
342	480	sandstone,unweathered
480	485	clay,RED BED