KOLAR DOC ID \_\_\_\_\_ WELL ID\_

## **WATER WELL RECORD** (WWC-5)

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

LOCATION OF V	WATER WEL	L					Orig	inal Recor	d C	orrection	Chang	e in We	ll Use
Latitude		Longitude			Section	Townsh	iip	Range	]	E W Fraction	1/4	1/4	1/4
Datum		Elevation			County								
WATER WELL O	WNER			WELL	WATER US	E			NEAREST	SOURCE OF P	OTENTIAL C	ONTAMIN	NATION
Name									Source:				
Business				COMP	LETION								
									from we	ell:	_ from we	ll:	
Address			1 -	Pepth(s) groundwater encountered:			ft.	Source descript	tion:				
Well location				(1)ft.; (2)ft.; (3)ft.; (4) dry well					Source:  Distance Direction from well:				
				Static water level in well: ft.					from we	ell:	_ from we	il:	
at owner's address				measured below land surface on (mm/dd/yy):					Source descript	tion:			
CONSTRUCTIO	N					ove land surface				otential source	of contami	nation	
Borehole interval: Borehole diameter:			meter:	on (mm/dd/yy):					within 100 feet.				
fromto	ft.		in.	Estim	ated vield:	gpm			PERMIT & ID NUMBERS (AS REQUIRED)				
fromto	ft.		in.			ft. after		hours	DWR Application No.:				
Casing height above land surface:in.				pumping gpm					KDHE / EPA Project Code:				
	ight is less th			Pump		Yes No			Site Name:				
	nce been appr		s No						KDHE UIC Class V Form Completed: Yes No				
	ot required for mental remed	or monitoring		Water well disinfected? Yes No					County Permit: Yes No Permit ID:				
Or environ Casing type:	mentai remed	diation wells		Date disinfected (mm/dd/yy):					Lease Name & Well #:				
Blank casing in	terval:	ft. to	ft.	Aquif	er, if know	n:			# of bor	eholes:	# of dewater	ring wells:	
Blank casing di				LITHO	LOGIC LO	 G							
_				FRO			Y INTER	VALS					
	lbs												
Wall thickn	ess or gauge	no.:											
Blank casing in	terval:	ft. to	ft.										
Blank casing di	ameter:	in.											
Casing join	ts:												
Weight:lbs/ft.													
Wall thickn	ess or gauge	no.:											
Grout interval:	ft. to	ft.											
	rial:												
Grout interval:													
Grout material:				COMMENTS									
Screen / perfora	ation material	:											
Screen / perfor	ation opening	gs:		CONT	RACTOR'S	OR LANDOWN	ERS CER	TIFICATION					
Screen / perfora	ation intervals	S:		This	water wel	l was constru	cted	reconstru	cted	pursuant to t	the stated w	ater well	
From	_ft. to	_ft.		conti	ractor's lic	ense and was	complete	d on		. I certify tha	t this recor	d is true	to
Slot size _	unit _					knowledge an	_			•			
From	ft. to	_ft.			•	ness name of				=			
Slot size	unit _												
Gravel pack int	ervals:					Well Contracto					•	_	
Gravel pack	not used:	Gravel size _	in	-		ned in K.A.R. 2	-	) and signed	d and cert	ined by the el	ectronic si	gnature o	of the
From	ft. to	ft.				son at its subn				·			
Gravel pack	not used:	Gravel size	in	Send o	ne copy to	WATER WELL	OWNER a	nd retain one	e for your r	ecords. Fee of \$5	5.00 for each	constructe	ed well.

KANSAS DEPARTMENT 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	1797139
Well Owner	David Whitney
Contractor	Associated Drilling, Inc. #990

## Lithology

From	То	Lithology Intervals
0	8	clay,brown
8	38	clay,sandy
38	45	shale,unweathered,gray,soft
45	46	limestone,completely weathered
46	69	shale,unweathered,red
69	71	sandstone,unweathered,CEM ENTED
71	136	shale,unweathered,red
136	145	shale,unweathered,gray
145	166	shale,unweathered,red
166	181	shale,unweathered,gray
181	216	sandstone,unweathered,H2o