KOLAR Document ID: 1801157

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				
CONCERNICE				

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					
Dep	th of compl	eted we	ll:		ft.	
Dep	th(s) groun	dwater	encounter	red:		
(1)_	ft.;	(2)	ft.;			
(3)_	ft.;	(4)	dry well			
Stati	ic water leve	el in wel	l:	ft.		
	neasured be on (mm/dd/		d surface			
	measured above land surface on (mm/dd/yy):					
Estiı	mated yield	:	gpm			
Wate	er level was	:	ft. after		hours	
			pumping		gpm	
Pum	np installed	? Yes	No			
Wate	er well disir	nfected?	Yes	No		

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
ERMIT & ID NUMBERS	(AS REQUIRED)
DWR Application No.:_	
KDHE / EPA Project Co	de:
Site Name:	
KDHE UIC Class V For	m Completed: Yes N
County Permit: Yes	No Permit ID:

of boreholes: _____ # of dewatering wells: _

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Aquifer, if known:

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS			
		I			

F

Lease Name & Well #:

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 Licer	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	1801157	
Well Owner murfin drilling company inc		
Contractor	Wilcox Well Drilling LLC	

Lithology

From	То	Lithology Intervals
0	5	topsoil
5	28	clay-fat
28	41	limestone, highly weathered
41	55	clay-fat
55	61	limestone, highly weathered
61	77	sand & gravel, fine to medium
77	87	clay-fat
87	90	limestone,completely weathered
90	113	clay-fat
113	115	limestone,completely weathered
115	120	clay
120	184	sand & gravel,medium to coarse
184	188	clay
188	212	sand & gravel,coarse
212	213	shale,completely weathered