### KOLAR Document ID: 1802549

# 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	
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	

### 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):					

NEAREST SOURCE O	OF POTENTIAL CONTAMINATION
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	No.:
KDHE / EPA Proje	ct Code:
Site Name:	
	/ Form Completed: Yes No

### County Permit: Yes No Permit ID: \_\_\_\_\_ Lease Name & Well #: \_\_\_\_\_ # of boreholes: \_\_\_\_\_ # of dewatering wells: \_

## Aquifer, if known:

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	nse No	under the authority of the designated
person as defined in K.A.R. 28-30-20	(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	1802549		
Well Owner	R & P Land		
Contractor Karst Water Well Drilling and Service, Inc.			

# Lithology

From	То	Lithology Intervals
0	3	topsoil
3	11	clay,brown
11	21	clay,tan
21	27	clay,sandy,tan
27	184	shale,slightly weathered
184	203	clay,gray
203	231	clay,gray,Sandrock Streaks
231	237	other,Sandrock
237	243	clay,gray
243	254	clay,gray,Sandrock streaks
254	267	clay,gray
267	275	other,Sandrock
275	283	clay,gray
283	290	clay,gray,Sandrock streaks
290	304	clay,gray
304	324	clay,reddish,gray
324	333	other,Sandrock streaks
333	338	other,Sandrock streaks
338	350	clay,reddish,gray
350	360	clay,red