KOLAR Document ID: 1808136

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

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:lb	s/ft.
Wall thickness or gauge	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	
Wall thickness or gauge	
Grout interval: ft. to	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	l:
Screen / perforation opening	gs:
Screen / perforation interval	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	ft.
Gravel pack not used:	
From ft. to	

	County							
WELL	VELL WATER USE							
сом	COMPLETION							
Dept	th of comp	leted wel	l:		ft.			
Dept	th(s) grou	ndwater e	ncounter	ed:				
(1)_	ft.;	(2)	ft.;					
(3)_	ft.;	(4)	dry well					
Stati	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	l:	_gpm					
Wate	er level wa	6:	_ ft. after		hours			
		1	oumping		gpm			
Pum	p installed	? Yes	No					
Wate	Water well disinfected? Yes No							
Date disinfected (mm/dd/yy):								

Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sour within 100 feet.	rce of contamination
PERMIT & ID NUMBE	RS (AS REQUIRED)
DWR Application No	D.:
	Code:
Site Name:	
KDHE UIC Class V I	Form Completed: Yes No
County Permit: Ye	s No Permit ID:

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 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 Lice	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	1808136
Well Owner	Daniel Ablard
Contractor	Associated Drilling, Inc. #990

Lithology

From	То	Lithology Intervals
0	8	clay
8	38	clay,sandy
38	45	clay,sandy,gray
45	50	sand,fine to medium
50	55	sandstone,moderately weathered
55	58	sandstone,unweathered,shale lenses
58	93	sandstone,unweathered
93	100	shale,unweathered