KOLAR Document ID: 1813517

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Lease Name & Well #:

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: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	WELL WATER USE						
сом	PLETION						
Dep	th of compl	eted wel	l:		ft.		
Dep	th(s) groun	dwater e	encounter	red:			
(1)_	ft.;	(2)	ft.;				
(3)_	ft.;	(4)	dry well				
Stati	c water leve	el in well	:	ft.			
	measured below land surface on (mm/dd/yy):						
	measured above land surface on (mm/dd/yy):						
Estir	nated yield	:	_ gpm				
Wate	er level was	:	_ ft. after		hours		
			pumping		gpm		
Pum	p 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
PERMIT & ID NUMBERS	(AS REQUIRED)
DWR Application No.:_	
KDHE / EPA Project Co	ode:
Site Name:	
KDHE UIC Class V For	rm Completed: Yes No
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	

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well		
contractor's license and was complete		1		
-				
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	1813517	
Well Owner	USAF-AFCEC/CZOM-McConnell AFB	
Contractor	Environmental Works, Inc.	

Lithology

From	То	Lithology Intervals
0	1	clay- fat,sandy,reddish,gray,dry
1	2.5	clay- lean,sandy,dark,grayish,brow n,moist
2.5	5	clay- lean,dark,grayish,brown,moist
5	8	clay-fat,sandy,brown,dry
8	10	clay- fat,sandy,reddish,brown,moist
10	15	clay- fat,sandy,yellowish,olive,moist
15	22	clay- fat,sandy,yellowish,olive,moist
22	27.5	clay- fat,sandy,light,yellowish,brown ,moist
27.5	29	clay-fat,sandy,dark,red,moist
29	32	clay-fat,sandy,olive,moist
32	34	clay-fat,sandy,dark,red,moist
34	35	clay-fat,sandy,very dark,gray,moist

