KOLAR Document ID: 1836874

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				
CONCEPTION				

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					
сомі	PLETION						
Dept	th of compl	eted w	ell:		ft.		
	th(s) groun						
(1)_	ft.;	(2)	ft.;				
(3) _	ft.;	(4)	dry wel	1			
Stati	Static water level in well: ft.						
	neasured be on (mm/dd/		nd surfac				
measured above land surface on (mm/dd/yy):							
Estir	nated yield	:	gpm				
Wate	er level was	:	ft. aft	er	hours		
			pumpin	ıg	gpm		
Pum	p installed	?Ye	es No				
Wate	er well disir	nfected	? Yes	No			

NEAREST SOURCE OF	POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction
Source description:	
No potential sour within 100 feet.	ce of contamination
PERMIT & ID NUMBE	RS (AS REQUIRED)
DWR Application No).:
KDHE / EPA Project	Code:
Site Name:	
KDHE UIC Class V F	Form Completed: Yes No
County Permit: Yes	s No Permit ID:

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	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 a	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	1836874	
Well Owner	Barbara Polson	
Contractor	Associated Drilling, Inc. #990	

Lithology

From	То	Lithology Intervals
0	26	clay
26	31	clay,sandy,gray
31	46	clay,gravelly
46	53	clay,gray
53	58	limestone,unweathered
58	71	shale,unweathered
71	76	limestone, unweathered
76	83	shale,unweathered
83	92	limestone, unweathered
92	94	shale,unweathered
94	118	limestone, unweathered
118	128	limestone,moderately weathered
128	143	shale,unweathered
143	153	limestone,unweathered