KOLAR Document ID: 1838764

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	OF POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance	Direction from well:
Source description:	
No potential so within 100 feet	urce of contamination
PERMIT & ID NUM	BERS (AS REQUIRED)
DWR Application	No.:
	ect Code:
	V Form Completed: Yes No

Lease Name & Well #: _______ # of boreholes: ______ # of dewatering wells: _

County Permit: Yes No Permit ID:

Aquifer, if known:

LITHOLOGIC LOG

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	and retain one for you	rr 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	1838764	
Well Owner	City of Scott City	
Contractor Hydro Resources Mid Continent, Inc. #145		

Lithology

From	То	Lithology Intervals
0	2	topsoil
2	14	clay,sandy,brown
14	44	clay,brown
44	46	sand,fine
46	56	clay,sandy,brown
56	65	sand,fine to coarse
65	74	clay,sandy,brown
74	76	sand,fine to coarse
76	81	clay,brown
81	88	clay,sandy,brown
88	91	caliche
91	94	sand,fine,moderately cemented
94	146	sand & gravel, fine to coarse
146	158	sand,fine
158	169	sand,fine to medium
169	178	sand,fine to medium,clayey
178	183	sand,fine to medium
183	189	shale,completely weathered,other,Yellow
189	200	shale,moderately weathered,black