WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____ WELL ID_____

Original Record   Correction   Change in Well Use

LOCATION OF WATER WELL

Latitude		Longitude		Section		Township		Range		E W	Fraction		¼	¼	¼
Datum		Elevation		County											

WATER WELL OWNER

Name	
Business	
Address	
Well location at owner's address	

CONSTRUCTION

Borehole interval:	Borehole diameter:
from _____ to _____ ft.	_____ in.
from _____ to _____ ft.	_____ in.

Casing height above land surface: _____ in.

If casing height is less than 12 in. has a variance been approved?*   Yes   No

*variance not required for monitoring or environmental remediation wells

Casing type:_____

Blank casing interval: _____ ft. to _____ ft.

Blank casing diameter: _____in.

   Casing joints:_____

   Weight: _____lbs/ft.

   Wall thickness or gauge no.: _____

Blank casing interval: _____ ft. to _____ ft.

Blank casing diameter: _____ in.

   Casing joints:_____

   Weight: _____lbs/ft.

   Wall thickness or gauge no.: _____

Grout interval: _____ ft. to _____ ft.

   Grout material:_____

Grout interval: _____ ft. to _____ ft.

   Grout material:_____

Screen / perforation material: _____

Screen / perforation openings: _____

Screen / perforation intervals:

   From _____ ft. to _____ ft.

    Slot size _____ unit _____

   From_____ ft. to _____ ft.

    Slot size _____ unit _____

Gravel pack intervals:

   Gravel pack not used: Gravel size _____ in

   From _____ ft. to _____ ft.

   Gravel pack not used: Gravel size _____ in

   From _____ ft. to _____ ft.

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. after _____ hours

         pumping _____ gpm

Pump installed?   Yes   No

Water well disinfected?   Yes   No

Date disinfected (mm/dd/yy): _____

Aquifer, if known:

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Source: _____

Distance from well:_____   Direction from well:_____

Source description:_____

Source: _____

Distance from well: _____   Direction from well: _____

Source description:_____

No potential source of contamination within 100 feet.

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.:_____

KDHE / EPA Project Code: _____

Site Name: _____

KDHE UIC Class V Form Completed: Yes   No

County Permit: Yes   No   Permit ID: _____

Lease Name & Well #:_____

# of boreholes: _____   # of dewatering wells: _____

LITHOLOGIC LOG

FROM	TO	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 completed on _____. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of _____, Kansas Water Well Contractor's License No. _____ under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal:_____.

Send one copy to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.

Form	WWC5.2 - Water Well Record
Doc ID	1793860
Well Owner	Ashley Clausen
Contractor	Bushell Water Well Drilling and Service

Lithology

From	To	Lithology Intervals
0	5	topsoil
5	20	sandstone,slightly weathered
20	40	clay,dark,gray
40	80	clay,light,gray
80	95	sandstone,unweathered
95	100	clay,red
100	120	clay,light,gray
120	140	sandstone,unweathered
140	160	clay,dark,gray
160	168	clay,red
168	170	clay,light,gray
170	178	sandstone,unweathered
178	185	clay,red