

## 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	1/4	1/4	1/4
Datum		Elevation		County									

## WATER WELL OWNER

Name	
Business	
Address	
Well location at owner's address	

## CONSTRUCTION

Borehole interval: from _____ to _____ ft.	Borehole diameter: _____ 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 &amp; 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

_____
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## 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.

## KANSAS DEPARTMENT 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	1859894
Well Owner	John A Koriel
Contractor	KP Hydrotech

### Lithology

From	To	Lithology Intervals
0	2	topsoil
2	6	clay
6	23	other,limestone
23	31	other,limestone clay
31	37	other,sandstone
37	41	other,limestone clay
41	151	other,shale with thin layers of hard limestone rock
151	157	other,gray sandstone clay with red streaks
157	171	other,hard sandstone with streaks of red clay
171	185	other,gray clay with sandstone streaks
185	194	other,sandstone with some red streaks