### KOLAR Document ID: 1635794

## 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<br>W | Fraction | 1⁄4 | 1⁄4 | 1⁄4 |
|----------|-----------|---------|----------|-------|--------|----------|-----|-----|-----|
| Datum    | Elevation | County  |          |       |        |          |     |     |     |

#### WATER WELL OWNER

| Name                  |  |  |  |  |
|-----------------------|--|--|--|--|
| Business              |  |  |  |  |
| Address               |  |  |  |  |
| Well location         |  |  |  |  |
| at owner's<br>address |  |  |  |  |
|                       |  |  |  |  |

#### CONSTRUCTION

| Borehole interval:  | Borehole diameter: |  |  |
|---|--------------------|--|--|
| fromtoft.   | in.                |  |  |
| fromtoft.   | in.                |  |  |
| Casing height above land su   |                    |  |  |
| If casing height is less th<br>has a variance been app<br>*variance not required fo | roved?* Yes No     |  |  |
| or environmental reme   | U U                |  |  |
| 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:  | in.                |  |  |
| Casing joints:  |                    |  |  |
| Weight:lbs  | s/ft.              |  |  |
| Wall thickness or gauge   | no.:               |  |  |
| Grout interval: ft. to  | oft.               |  |  |
| Grout material:   |                    |  |  |
| Grout interval: ft. to  | oft.               |  |  |
| Grout material:   |                    |  |  |
|   |                    |  |  |
| Screen / perforation material   | :                  |  |  |
| Screen / perforation opening  | gs:                |  |  |
| Screen / perforation intervals  | 8:                 |  |  |
| 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   | ft.                |  |  |
| Gravel pack not used:   |                    |  |  |
| From ft. to   |                    |  |  |

|                | County  |         |           |    |       |  |  |  |
|----------------|---|---------|-----------|----|-------|--|--|--|
| WELL WATER USE |   |         |           |    |       |  |  |  |
|                |   |         |           |    |       |  |  |  |
| сом            | PLETION                                       |         |           |    |       |  |  |  |
| Dept           | th of comp                                    | leted w | vell:     |    | ft.   |  |  |  |
| Dept           | Depth(s) groundwater encountered:             |         |           |    |       |  |  |  |
| (1)_           | ft.;  | (2)     | ft.;      |    |       |  |  |  |
| (3)_           | ft.;  | (4)     | dry well  |    |       |  |  |  |
| Stati          | Static water level in well: ft.               |         |           |    |       |  |  |  |
|                | measured below land surface<br>on (mm/dd/yy): |         |           |    |       |  |  |  |
|                | measured above land surface<br>on (mm/dd/yy): |         |           |    |       |  |  |  |
| Estir          | nated yield                                   | ł:      | gpm       |    |       |  |  |  |
| Wate           | er level wa                                   | s:      | ft. after |    | hours |  |  |  |
|                |   |         | pumping   |    | gpm   |  |  |  |
| Pum            | p installed                                   | l? Ye   | es No     |    |       |  |  |  |
| Wate           | er well disi                                  | nfected | ? Yes     | No |       |  |  |  |

| NEAREST SOURCE OF                    | POTENTIAL CONTAMINATION |
|--------------------------------------|-------------------------|
| Source:                              |                         |
| Distance<br>from well:               | Direction<br>from well: |
| Source<br>description:               |                         |
| Source:                              |                         |
| Distance<br>from well:               | Direction<br>from well: |
| Source<br>description:               |                         |
| No potential sou<br>within 100 feet. | rce of contamination    |
| PERMIT & ID NUMBE                    | ERS (AS REQUIRED)       |
| DWR Application N                    | 0.:                     |
| KDHE / EPA Project                   | t Code:                 |
| Site Name:                           |                         |
| KDHE UIC Class V                     | Form Completed: Yes No  |
| County Permit: Ye                    | es No Permit ID:        |

# Aquifer, if known:

Date disinfected (mm/dd/yy):

| FROM | то | LITHOLOGY INTERVALS |
|------|----|---------------------|
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
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|      |    |                     |
|      |    |                     |
|      |    | I                   |

#### COMMENTS

#### CONTRACTOR'S OR LANDOWNERS CERTIFICATION

| This water well was constructed       | reconstructed                         | pursuant to the stated water well                   |
|---------------------------------------|---------------------------------------|---|
| contractor's license and was complete | 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 Lice   | 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