Change in Well Use

WELL ID

Correction

KOLAR DOC ID

(785) 296-3565 | K.S.A. 82a-1212 | v2022c

Original Record

## **WATER WELL RECORD** (WWC-5)

LOCATION	OF V	ATER WELL	•												
Latitude			Longitude			Section		Township		Range	E W	Fraction	1/4	1/4	1/4
Datum			Elevation			County									
WATER WE	LL O	VNER			WELL	. WATER U	SE				NEAREST S	OURCE OF F	OTENTIAL O	ONTAMIN	NATION
Name											Source:				
Business					сомі	PLETION					Distance from well:		Direction from we		
Address				Depth of completed well:ft.  Depth(s) groundwater encountered:						Source description					
Well location				(3)	(1) ft.; (2) ft.; (3) ft.; (4) dry well					Source:  Distance Direction from well:					
at owner's address				Static water level in well:ft.  measured below land surface on (mm/dd/yy):						Source description:					
CONSTRU	ı			measured above land surface						No potential source of contamination within 100 feet.					
Borehole interval: Borehole diameter:					on (mm/dd/yy):										
fromtoftin.					Estir	Estimated yield: gpm					PERMIT & ID NUMBERS (AS REQUIRED)				
fromto ftin.					Wate	Water level was: ft. after hours					DWR Application No.:				
Casing height above land surface:in.								pumping	gp	m	KDHE / EPA Project Code:				
If casi	ght is less tha	ın 12 in.		Pum	p installed	? Ye	s No			Site Name:					
has a variance been approved?* Yes No											KDHE UIC Class V Form Completed: Yes No				
*variance not required for monitoring or environmental remediation wells					Water well disinfected? Yes No						County Permit: Yes No Permit ID:				
Casing type:					Date disinfected (mm/dd/yy):						Lease Name & Well #: # of dewatering wells:				
Blank casi	ing int	erval:	ft. to	ft.	Aqui	ifer, if kno	wn:				# of boreh	oles:	# of dewate	ring wells:	
Blank casi	ing dia	meter:	in.		LITHO	DLOGIC LO	OG								
Casing joints:				FRC	т мс	) L	ITHOLOGY I	NTERVA	LS						
Weight:lbs/ft.															
Wall t	hickne	ess or gauge r	10.:												
	-		ft. to	ft.											
		meter:													
Weight:lbs/ft.  Wall thickness or gauge no.:															
		ft. to													
		ial:													
Grout interval:ft. toft.  Grout material:					COMMENTS										
Screen / =	arford	ion meterial													
					CONT	RACTOR	S OR LA	ANDOWNERS	CERTIF	ICATION					
Screen / perforation intervals:					This water well was constructed reconstructed pursuant to the stated water well										
Fromft. toft.					contractor's license and was completed on I certify that this record is true to										
Slot size unit					the best of my knowledge and belief. This water well record was completed on										
Fromft. toft.					under the business name of,										
Slot size unit					Kansas Water Well Contractor's License No under the authority of the designated										
Gravel pack intervals:															
Gravel pack not used: Gravel size in					person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the										
From ft. to ft.					designated person at its submittal:										
		Gravel size _	in	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											
From		_ ft. to	_ ft.			Bure	au of Wa				Jackson St., Si			2-1367	