KOLAR Document ID: 1640270

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 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						
Dep	th of compl	eted w	ell:		ft		
Dep	th(s) groun	dwater	encounter	red:			
(1)_	ft.;	(2)	ft.;				
(3) _	ft.;	(4)	dry well				
Stati	c water leve	el in we	ell:	ft.			
	neasured be on (mm/dd/		nd surface				
	neasured at on (mm/dd/		nd surface				
Estir	nated yield	:	gpm				
Wate	er level was	:	ft. after		hours		
			pumping		gpm		
Pum	p installed	? Ye	es No				
Wate	er well disir	nfected	? Yes	No			

Source:	
Distance	Direction
from well:	from well:
Source	
description:	
Source:	
Distance	Direction
from well:	from well:
Source	
description:	
No potential source within 100 feet.	e of contamination
PERMIT & ID NUMBERS	5 (AS REQUIRED)
DWR Application No.:	
	ode:
01. NT	
KDHE UIC Class V Fo	rm Completed: Yes No
County Permit: Yes	No Permit ID:
Lease Name & Well #:	

of boreholes: _____ # of dewatering wells: _

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Aquifer, if known:

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS				
		I				

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	ed reconstructed	pursuant to the stated water well
contractor's license and was con	npleted on	. I certify that this record is true to
the best of my knowledge and b	elief. This water well rec	ord was completed on
under the business name of		,
Kansas Water Well Contractor's	S License 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 submit	tal:	
Send one copy to WATER WELL OW	/NER and retain one for you	r records. Fee of \$5.00 for each constructed well.
KANSAS D	EPARTMENT 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