### KOLAR Document ID: 1636996

## WATER WELL RECORD (WWC-5)

KOLAR DOC ID

N

Original Record

Correction

Lease Name & Well #: \_\_\_\_

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

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	roved?* Yes No
*variance not required f or environmental reme	
Casing type:	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	s/ft.
Wall thickness or gauge	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	
Wall thickness or gauge	
Grout interval: ft. to	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation materia	l:
Screen / perforation openin	gs:
Screen / perforation interval	s:
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	WELL WATER USE						
сом	COMPLETION						
Dept	Depth of completed well: ft.						
Dept	Depth(s) groundwater encountered:						
(1)_	ft.;	(2)	ft.;				
(3)_	(3) ft.; (4) dry well						
Stati	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							
Wate	er level wa	6:	_ ft. after		hours		
		1	pumping		gpm		
Pum	p installed	? Yes	No				
Wate	Water well disinfected? Yes No						
Date	Date disinfected (mm/dd/yy):						

EAREST SOURCE OF POTENTIAL CONTAMINATION					
Source:					
Distance from well:	Direction from well:				
Source description:					
Source:					
Distance from well:	Direction from well:				
Source description:					
No potential sou within 100 feet.	arce of contamination				
ERMIT & ID NUMB	ERS (AS REQUIRED)				
DWR Application N	No.:				
KDHE / EPA Projec	ct Code:				
Site Name:					
KDHE UIC Class V	Form Completed: Yes No				
County Permit:	les No Permit ID:				

# Aquifer, if known:

FROM	то	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 complet	ed on	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