KOLAR Document ID: 1646944

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 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 surface:					
If casing height is less th has a variance been app *variance not required fo	roved?* Yes No				
or environmental reme	Ų				
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							
сомі	PLETION						
Dept	th of comp	leted wel	l:		ft		
Dept	th(s) grou	ndwater e	ncounter	ed:			
(1)_	ft.;	(2)	ft.;				
(3) _	ft.;	(4)	dry well				
Stati							
	neasured b n (mm/dd		l surface				
	neasured a n (mm/dd		l surface				
Estir	nated yield	l:	_ gpm				
Water level was: ft. after					hours		
		1	pumping		gpm		
Pum	p installed	? Yes	No				
Wate	er well disi	nfected?	Yes	No			

Source:					
Distance	Direction				
from well:	from well:				
Source					
description:					
Source:					
Distance	Direction				
from well:	from well:				
Source					
description:					
	<u> </u>				
No potential source within 100 feet.	of contamination				
PERMIT & ID NUMBERS	(AS REQUIRED)				
DWR Application No.:					
KDHE / EPA Project Co	de:				
Site Name:					
KDHE UIC Class V Form Completed: Yes No					
County Permit: Yes	No Permit ID:				

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	reconstructed	pursuant to the stated water well
contractor's license and was completed	l on	I certify that this record is true to
the best of my knowledge and belief. T	his water well rec	ord was completed on
under the business name of		,
Kansas Water Well Contractor's Licens	se 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 an	nd retain one for you	r records. Fee of \$5.00 for each constructed well.
KANSAS DEPARTN	MENT 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