KOLAR Document ID: 1645167

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source:

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				
CONCEPTION				

CONSTRUCTION

Borehole interval:	Borehole diameter:					
fromtoft.	in.					
fromtoft.	in.					
Casing height above land su						
If casing height is less the has a variance been appr *variance not required fo or environmental remed	coved?* Yes No or monitoring					
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/ft.						
Wall thickness or gauge	no.:					
Grout interval: ft. to	pft.					
Grout material:						
Grout interval: ft. to	oft.					
Grout material:						
Screen / perforation material	:					
Screen / perforation opening	gs:					
Screen / perforation intervals	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:	Gravel size in					
From ft. to	ft.					

	County							
WELL WATER USE								
сом	PLETION							
Dept	th of comp	leted we	11:		ft.			
Dept	Depth(s) groundwater encountered:							
(1)_	ft.;	(2)	ft.;					
(3) _	ft.;	(4)	dry well					
Stati	c water lev	el in wel	l:	ft.				
	neasured b n (mm/dd		d surface					
	measured above land surface on (mm/dd/yy):							
Estir	nated yield	l:	gpm					
Wate	er level wa	8:	ft. after		hours			
			pumping		gpm			
Pum	p installed	? Yes	No					
Wate	er well disi	nfected?	Yes	No				

Distance from well:	Direction from well:				
Source description:					
Source:					
Distance from well:	Direction from well:				
Source description:					
No potential source o within 100 feet.	f contamination				
PERMIT & ID NUMBERS (AS REQUIRED)				
DWR Application No.:					
KDHE / EPA Project Code:					
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				

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