# KOLAR Document ID: 1645490

# 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					
CONCEPTION					

#### CONSTRUCTION

Borehole interval:	Borehole	diameter:	
fromto	_ ft.	_	in.
fromto	_ ft.	_	in.
Casing height above	land su		
If casing height is has a variance be			Yes No
*variance not rec or environment	•		0
Casing type:			
Blank casing interval	l:	ft. to	ft.
Blank casing diamete	er:	in.	
Casing joints:			
Weight:	lbs	/ft.	
Wall thickness or	r gauge i	no.:	
Blank casing interval	l:	ft. to	ft.
Blank casing diamete	er:	in.	
Casing joints:			
	lbs		
Wall thickness or			
Grout interval:	ft. to	ft.	
Grout material:			_
Grout interval:	ft. to	ft.	
Grout material:			_
Screen / perforation	material	:	
Screen / perforation	opening	gs:	
Screen / perforation i	intervals	:	
Fromft. to		_ft.	
Slot size	unit		
From ft. to		_ft.	
Slot size	unit		
Gravel pack intervals	s:		
Gravel pack not u	ised:	Gravel size	e in
From ft.			
Gravel pack not u			ein
From ft.			

	County							
WELL WATER USE								
сомі	COMPLETION							
Dept	th of comp	leted wel	l:		ft.			
Dept	th(s) grou	ndwater e	ncounter	red:				
(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	s:	_ ft. after		hours			
		1	pumping		gpm			
Pum	p installed	l? Yes	No					
Water well disinfected? Yes No								
Date	Date disinfected (mm/dd/yy):							

Source:	
Distance	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential so within 100 feet	ource of contamination
PERMIT & ID NUM	BERS (AS REQUIRED)
DWR Application	No.:
	ect Code:
Site Name:	
KDHE UIC Class	V Form Completed: Yes No
County Permit:	Yes No Permit ID:
Lease Name & Wel	ll #:
# of boreholes:	

# Aquifer, if known:

# LITHOLOGIC LOG

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