# KOLAR Document ID: 1644684

# 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				
CONCERNICEION				

#### CONSTRUCTION

Borehole interval:	Borehole diameter:				
fromtoft.	in.				
fromtoft.	in.				
Casing height above land surface:i					
If casing height is less than 12 in. has a variance been approved?* Yes					
*variance not required for or environmental reme					
Casing type:					
Blank casing interval:	ft. toft.				
Blank casing diameter:	in.				
Casing joints:					
Weight:lb	s/ft.				
Wall thickness or gauge	no.:				
Blank casing interval:	ft. toft.				
Blank casing diameter:	in.				
Casing joints:					
Weight:lb	s/ft.				
Wall thickness or gauge					
Grout interval: ft. to	oft.				
Grout material:					
Grout interval: ft. to	oft.				
Grout material:					
Screen / perforation material	l:				
Screen / perforation opening	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					
Gravel pack not used:					
From ft. to					

	County						
WELL WATER USE							
сом	PLETION						
Dep	th of compl	eted well	:		ft.		
	th(s) groun						
(1)_	ft.;	(2)	ft.;				
(3)_	ft.;	(4)	lry well				
Stati	ic water leve	el in well:		ft.			
	neasured be on (mm/dd/		l surface				
-	neasured at on (mm/dd/		surface				
Esti	mated yield	:	_ gpm				
Wat	er level was	:	_ft. after		hours		
		F	oumping		gpm		
Pun	np installed	Yes	No				
Wat	er well disir	nfected?	Yes	No			

NEAREST SOURCE OF	POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction
Source description:	
No potential sour within 100 feet.	cce of contamination
PERMIT & ID NUMBE	RS (AS REQUIRED)
DWR Application No	0.:
KDHE / EPA Project	Code:
Site Name:	
KDHE UIC Class V	Form Completed: Yes No
County Permit: Ye	es No Permit ID:

# Aquifer, if known:

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS			

Lease Name & Well #: \_

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

#### COMMENTS

# CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well
contractor's license and was complet	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. 28-30-20	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