# KOLAR Document ID: 1650717

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: \_ Distance

from well:

from well:

Source description:

Source description: Source: Distance

Correction

Original Record

WELL ID Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

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

Direction

from well:

Direction

from well:

## LOCATION OF WATER WELL

| Latitude | Longitude | Section | Township | Range | E<br>W | Fraction | 1⁄4 | 1⁄4 | 1⁄4 |
|----------|-----------|---------|----------|-------|--------|----------|-----|-----|-----|
| Datum    | Elevation | County  |          |       |        |          |     |     |     |

## WATER WELL OWNER

| Name                  |  |  |  |  |
|-----------------------|--|--|--|--|
| Business              |  |  |  |  |
| Address               |  |  |  |  |
| Well location         |  |  |  |  |
| at owner's<br>address |  |  |  |  |
| CONSTRUCTION          |  |  |  |  |

#### CONSTRUCTION

| Borehole interval:  | Borehole diameter:              |  |  |  |  |  |
|---|---------------------------------|--|--|--|--|--|
| fromtoft.   | in.                             |  |  |  |  |  |
| fromtoft.   | in.                             |  |  |  |  |  |
| Casing height above land surface:ir   |                                 |  |  |  |  |  |
| If casing height is less the<br>has a variance been appr<br>*variance not required fo<br>or environmental remed | coved?* Yes No<br>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 w | ell:      |    | ft.   |  |  |  |
| Dept  | Depth(s) groundwater encountered:             |         |           |    |       |  |  |  |
| (1)_  | ft.;  | (2)     | ft.;      |    |       |  |  |  |
| (3)_  | ft.;  | (4)     | dry well  |    |       |  |  |  |
| Stati   | Static water level in well: ft.               |         |           |    |       |  |  |  |
|   | measured below land surface<br>on (mm/dd/yy): |         |           |    |       |  |  |  |
| measured above land surface<br>on (mm/dd/yy): |   |         |           |    |       |  |  |  |
| Estir   | nated yield                                   | l:      | gpm       |    |       |  |  |  |
| Wate  | er level wa                                   | s:      | ft. after |    | hours |  |  |  |
|   |   |         | pumping   |    | gpm   |  |  |  |
| Pum   | p installed                                   | ? Ye    | es No     |    |       |  |  |  |
| Wate  | er well disi                                  | nfected | ? Yes     | No |       |  |  |  |

|       | No potential source of contamination within 100 feet. |  |  |  |  |  |
|-------|---|--|--|--|--|--|
|       | PERMIT & ID NUMBERS (AS REQUIRED)                     |  |  |  |  |  |
| hours | DWR Application No.:                                  |  |  |  |  |  |
| gpm   | KDHE / EPA Project Code:                              |  |  |  |  |  |
| _ 01  | Site Name:  |  |  |  |  |  |
|       | KDHE UIC Class V Form Completed: Yes No               |  |  |  |  |  |
|       | County Permit: Yes No Permit ID:                      |  |  |  |  |  |
|       | Lease Name & Well #:                                  |  |  |  |  |  |

# 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