KOLAR Document ID: 1650277

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source:

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				

CONSTRUCTION

Borehole interval:	Borehole diameter:					
fromtoft.	in.					
fromtoft.	in.					
Casing height above land surface:in						
If casing height is less th has a variance been app *variance not required fe or environmental reme	an 12 in. roved?* Yes No or monitoring					
Casing type:						
Blank casing interval:	ft. to ft.					
Blank casing diameter:						
Casing joints:						
Weight:lbs	s/ft.					
Wall thickness or gauge	no.:					
Blank casing interval:						
Blank casing diameter:	in.					
Casing joints:						
Weight:lbs	s/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						
Screen / perforation intervals						
Fromft. to						
Slot size unit						
Fromft. to						
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						
СОМР	LETION					
Depth	of comple	eted wel	l:		ft.	
Depth	n(s) ground	dwater e	encountere	ed:		
(1)	ft.;	(2)	ft.;			
(3)	ft.;	(4)	dry well			
Static	water leve	l in well	:	_ft.		
	easured be (mm/dd/		d surface			
	easured ab (mm/dd/		d surface			
Estim	ated yield:		_gpm			
Water	level was:		ft. after		hours	
			pumping		gpm	
Pump	installed?	Yes	No			

Distance from well:	Direction from well:				
Source description:					
Source:					
Distance from well:	Direction from well:				
Source description:					
No potential source within 100 feet.	of 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:				
Lease Name & Well #:					

of boreholes: _____ # of dewatering wells: _

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Aquifer, if known:

Water well disinfected? Yes No 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 record was completed on						
under the business name of		,				
Kansas Water Well Contractor's Licer	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				

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