KOLAR Document ID: 1656751

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				

CONSTRUCTION

Borehole interval:	Borehole diameter:					
fromtoft.	in.					
fromtoft.	in.					
Casing height above land surface:						
If casing height is less th has a variance been app *variance not required fo or environmental remee	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	gs:					
Screen / perforation intervals	5:					
Fromft. to	_ft.					
Slot size unit _						
Fromft. to	_ft.					
Slot size unit _						
Gravel pack intervals:						
Gravel pack not used:						
From ft. to						
	Gravel size in					
From ft. to	ft.					

	County						
WELL WATER USE							
сом	PLETION						
Dep	th of compl	eted we	ell:		ft.		
-	th(s) groun						
(1)	ft.;	(2)	ft.;				
(3) _	ft.;	(4)	dry well				
Stati	c water leve	el in we	ll:	_ft.			
	neasured be on (mm/dd/		nd surface				
	neasured ab on (mm/dd/		nd surface				
Estir	nated yield:	:	gpm				
Wate	er level was:	:	ft. after		hours		
			pumping		gpm		
Pum	np installed?	? Ye	s No				

Yes No

source:	
Distance	Direction
from well:	from well:
Source description:	
Source:	
Distance	Direction
from well:	
Source	
description:	
No potential source within 100 feet.	e of contamination
PERMIT & ID NUMBER	S (AS REQUIRED)
DWR Application No.:	
KDHE / EPA Project C	Code:
Site Name:	
KDHE UIC Class V Fo	orm 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?

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 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