Change in Well Use

WELL ID

Correction

KOLAR DOC ID

(785) 296-3565 | K.S.A. 82a-1212 | v2022c

Original Record

WATER WELL RECORD (WWC-5)

LOCATION	I OF V	ATER WELI	L _.													
Latitude			Longitude			Section		Township		Range	E W	Fraction	1/4	1/4	1/4	
Datum			Elevation			County										
WATER WE	ELL O	WNER			WELL	WATER U	SE				NEAREST S	SOURCE OF	POTENTIAL	CONTAMII	NATION	
Name											Source:					
Business					COM	PLETION					Distance		Directi			
Address				Depth of completed well:ft. Depth(s) groundwater encountered:						from well: from well: Source description:						
Well location				(1) ft.; (2) ft.; (3) ft.; (4) dry well						Source: Distance Direction from well:						
at owner's address				Static water level in well: ft. measured below land surface on (mm/dd/yy):						Source description:						
CONSTRUCTION					measured above land surface						No potential source of contamination within 100 feet.					
Borehole interval: Borehole diameter:					on (mm/dd/yy):					_						
fromtoftin. fromtoftin.					Estimated yield: gpm Water level was: ft. after hours pumping gpm						DWR Application No.: KDHE / EPA Project Code:					
Casing height above land surface:in. If casing height is less than 12 in. has a variance been approved?* Yes No					Pump installed? Yes No						Site Name: KDHE UIC Class V Form Completed: Yes No County Permit: Yes No Permit ID:					
*variance not required for monitoring or environmental remediation wells					Water well disinfected? Yes No Date disinfected (mm/dd/yy):											
Casing type:					Date disfinected (fillif/dd/yy).						Lease Name & Well #: # of dewatering wells:					
Blank casing interval:ft. toft.					Aquifer, if known:						# of boreh	ioles:	# of dewar	ering wells:	:	
Blank casi	ing dia	meter:	in.		LITHO	DLOGIC LO	OG									
Casing joints:					FRC	ом т) L	ITHOLOGY II	NTERVA	LS						
Weight:lbs/ft.																
Wall t	hickne	ess or gauge 1	no.:													
	-		ft. to	ft.												
Blank casing diameter:in.																
Casing joints:																
Weight:lbs/ft.																
Wall t	hickn	ess or gauge 1	no.:													
		ft. to														
Grout	mate	ial:														
Grout interval: ft. toft. Grout material:					COMMENTS											
Screen / p	erfora	tion material:	:													
Screen / perforation openings:					CONTRACTOR'S OR LANDOWNERS CERTIFICATION											
Screen / perforation intervals:					This water well was constructed reconstructed pursuant to the stated water well											
Fromft. toft.					contractor's license and was completed on I certify that this record is true to											
Slot size unit						the best of my knowledge and belief. This water well record was completed on										
From ft. toft.						under the business name of,										
Slot size unit						Kansas Water Well Contractor's License No under the authority of the designated										
Gravel pack intervals:						person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the										
		Gravel size _														
From ft. to ft.					designated person at its submittal:											
		Gravel size _	Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.													
From		_ ft. to	ft.		KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367											