KOLAR Document ID: 1656806

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: _ Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:_

Lease Name & Well #:

KDHE / EPA Project Code:

Source description:

Source description: Source: _____ Distance

Correction

Original Record

ft.

WELL ID_____ Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

KDHE UIC Class V Form Completed: Yes No

County Permit: Yes No Permit ID: _

of boreholes: _____ # of dewatering wells: _

PERMIT & ID NUMBERS (AS REQUIRED)

Direction

from well:

Direction

from well:

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				
CONCEPTION				

CONSTRUCTION

Borehole interval:	Borehole diameter:		
fromtoft.	in.		
fromtoft.	in.		
Casing height above land su			
If casing height is less th has a variance been appr *variance not required fo or environmental reme	roved?* Yes No 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	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			
From ft. to			
Slot size unit			
From ft. to			
Slot size unit			
Gravel pack intervals:			
Gravel pack not used:	Gravel size in		
From ft. to			
Gravel pack not used:			
From ft. to			

	County						
VELL	WATER U	ISE					
омі	PLETION						
Dept	Depth of completed well:						
Dept	th(s) grou	ndwate	r encounter	ed:			
(1)_	ft.;	(2) _	ft.;				
(3) _	ft.;	(4)	dry well				
Static water level in well: ft.							
measured below land surface							

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measured above land surface on (mm/dd/yy):	
Tetimente lecielle en me	

Estimated yield:	gpm	
Water level was:	ft. after	hours

pumping _____ gpm

Pump installed? Yes No

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

Aquifer, if known:

LITHOLOGIC LOG

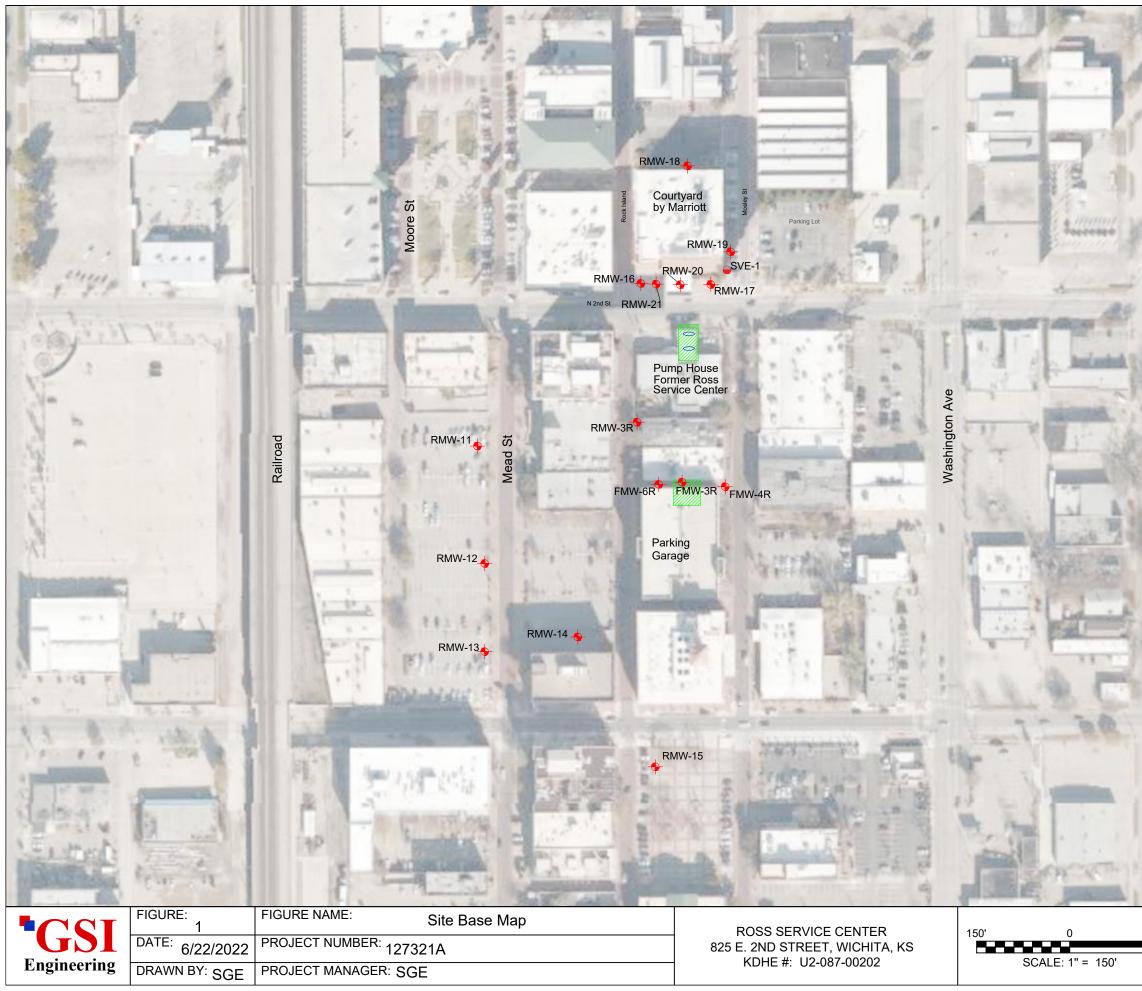
то	LITHOLOGY INTERVALS
-	

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 reco	ord 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	j) and signed and co	ertified by the electronic signature of the
designated person at its submittal:		
Send one copy to WATER WELL OWNER a	and retain one for you	r records. Fee of \$5.00 for each constructed well.
KANSAS DEPAR	FMENT 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



Series a

Legend

- =Monitoring Well
 =Plugged or Lost Monitoring Well
 =Soil Vent Well

- =Former UST Basin

ALL LOCATIONS AND BOUNDARIES ARE APPROXIMATE