### KOLAR Document ID: 1661103

## 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<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

| Borehole interval:                                     | Borehole diameter: |
|--|--------------------|
| fromtoft.  | in.                |
| fromtoft.  | in.                |
| Casing height above land su                            |                    |
| If casing height is less th<br>has a variance been app | roved?* Yes No     |
| *variance not required for<br>or environmental reme    |                    |
| Casing type:   |                    |
| Blank casing interval:                                 | ft. toft.          |
| Blank casing diameter:                                 | in.                |
| Casing joints:   |                    |
| Weight:lb  | s/ft.              |
| Wall thickness or gauge                                | no.:               |
| Blank casing interval:                                 | ft. toft.          |
| Blank casing diameter:                                 | in.                |
| Casing joints:   |                    |
| Weight:lb  | s/ft.              |
| Wall thickness or gauge                                |                    |
| Grout interval: ft. to                                 | oft.               |
| Grout material:  |                    |
| Grout interval: ft. to                                 | oft.               |
| Grout material:  |                    |
|  |                    |
| Screen / perforation material                          | l:                 |
| Screen / perforation opening                           | gs:                |
| Screen / perforation interval                          | 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  |                    |
| Gravel pack not used:                                  |                    |
| From ft. to  |                    |

|   | County   |           |           |     |       |  |  |  |
|---|--|-----------|-----------|-----|-------|--|--|--|
| WELL WATER USE                                |  |           |           |     |       |  |  |  |
|   |  |           |           |     |       |  |  |  |
| сом   | PLETION  |           |           |     |       |  |  |  |
| Dept  | th of compl  | eted we   | 11:       |     | ft.   |  |  |  |
|   | Depth of completed well:ft.<br>Depth(s) groundwater encountered: |           |           |     |       |  |  |  |
| (1)_  | ft.;   | (2)       | ft.;      |     |       |  |  |  |
| (3) _   | ft.;   | (4)       | dry well  |     |       |  |  |  |
| Stati   | c water leve   | el in wel | l:        | ft. |       |  |  |  |
|   | neasured be<br>n (mm/dd/   |           | d surface |     |       |  |  |  |
| measured above land surface<br>on (mm/dd/yy): |  |           |           |     |       |  |  |  |
| Estir   | nated yield  | :         | gpm       |     |       |  |  |  |
| Wate  | er level was   | :         | ft. after |     | hours |  |  |  |
|   |  |           | pumping   |     | gpm   |  |  |  |
| Pum   | p installed  | Yes       | No        |     |       |  |  |  |
| Wate  | er well disir  | fected?   | Yes       | No  |       |  |  |  |

| Source:                                 |                      |  |  |  |  |
|---|----------------------|--|--|--|--|
| Distance                                | Direction            |  |  |  |  |
| from well:                              | from well:           |  |  |  |  |
| Source                                  |                      |  |  |  |  |
| description:                            |                      |  |  |  |  |
| Source:                                 |                      |  |  |  |  |
| Distance                                | Direction            |  |  |  |  |
| from well:                              | from well:           |  |  |  |  |
| Source                                  |                      |  |  |  |  |
| description:                            |                      |  |  |  |  |
| No potential sou<br>within 100 feet.    | rce of contamination |  |  |  |  |
| PERMIT & ID NUMBE                       | ERS (AS REQUIRED)    |  |  |  |  |
| DWR Application N                       | 0.:                  |  |  |  |  |
| 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:

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