KOLAR Document ID: 1663304

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:_ KDHE / EPA Project Code: ____

Lease Name & Well #:

Source description:

Source description: Source: Distance

Correction

Original Record

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				
CONSTRUCTION				

CONSTRUCTION

Borehole interval:	Borehole diameter:			
fromtoft.	in.			
fromtoft.	in.			
Casing height above land su				
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. toft.			
Blank casing diameter:				
Casing joints:				
Weight:lbs	s/ft.			
Wall thickness or gauge				
Blank casing interval:	ft. toft.			
Blank casing diameter:				
Casing joints:				
Weight:lbs				
Wall thickness or gauge				
Grout interval: ft. to	pft.			
Grout material:				
Grout interval: ft. to	oft.			
Grout material:				
Screen / perforation material	:			
Screen / perforation opening	gs:			
Screen / perforation intervals	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	ft.			
Gravel pack not used:	Gravel size in			
From ft. to	ft.			

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WELL	WATER	USE

COMPLETION							
Depth of completed well:							
Depth(s) groundwater encountered:							
(1) ft.; (2) ft.;							
(3) ft.; (4) dry well							
Static water level in well: ft.							
measured below land surface on (mm/dd/yy):							
measured above land surface on (mm/dd/yy):							
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:

LIT

ITHOLOGIC LOG					
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 complet	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 certified 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 DEPARTMENT 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