## KOLAR Document ID: 1661404

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

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				

#### 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	roved?* Yes No
or environmental reme	U U
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	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	:
Screen / perforation opening	gs:
Screen / perforation intervals	8:
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:	
From ft. to	

	County						
WELL WATER USE							
сомі	PLETION						
Dept	th of comp	leted we	11:		ft.		
Dept	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):							
Estir	nated yield	l:	gpm				
Wate	er level wa	s:	ft. after		hours		
			pumping		gpm		
Pum	p installed	l? Yes	s No				
Wate	er well disi	nfected?	Yes	No			
Date disinfected (mm/dd/yy):							

Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance	Direction from well:
Source description:	
No potential sou: within 100 feet.	rce of contamination
ERMIT & ID NUMBE	ERS (AS REQUIRED)
DWR Application N	0.:
	t Code:
Site Name:	
	Form Completed: Yes N
County Permit: Ye	es No Permit ID:
•	#:

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

## Aquifer, if known:

## LITHOLOGIC LOG

то	LITHOLOGY INTERVALS
	то

### COMMENTS

## CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well
contractor's license and was completed of	on	. I certify that this record is true to
the best of my knowledge and belief. Th	is water well reco	ord was completed on
under the business name of		,
Kansas Water Well Contractor's License	No	_ under the authority of the designated
person as defined in K.A.R. 28-30-2(j) a	nd signed and ce	ertified by the electronic signature of the
designated person at its submittal:		
Send one copy to WATER WELL OWNER and	retain one for your	r records. Fee of \$5.00 for each constructed well
KANSAS DEPARTM	ENT 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