KOLAR Document ID: 1663912

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Lease Name & Well #: _

Original Record

WELL ID_____ Change in Well Use

LOCATION OF WATER WELL

Latitude	Longitude	Section	Т	Township	F	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 the has a variance been appr *variance not required fo	roved?* Yes No					
or environmental remed	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	ft.					
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:						
From ft. to						

	County				
WELL	WATER U	SE			
сом	PLETION				
Dep	th of compl	eted well	:		ft.
Dep	th(s) groun	dwater e	ncounter	ed:	
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4)	lry well		
Stati	c water leve	el in well:		ft.	
	neasured be on (mm/dd/		surface		
measured above land surface on (mm/dd/yy):					
Estir	nated yield	:	_ gpm		
Wate	er level was:	:	_ft. after		hours
		F	oumping		gpm
Pum	p installed?	Yes	No		
Wate	er well disir	fected?	Yes	No	

NEAREST SOURCE O	F POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction
Source description:	
No potential sou within 100 feet.	rce of contamination
PERMIT & ID NUMB	ERS (AS REQUIRED)
DWR Application N	lo.:
	t Code:
	Form Completed: Yes No
County Permit: Y	es No Permit ID:

of boreholes: _____ # of dewatering wells: _

Aquifer, if known:

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS			
	ļ.				

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. 28-30-20	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