# KOLAR Document ID: 1663047

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Lease Name & Well #:

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

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

Borehole interval:	Borehole diameter:		
fromtoft.	in.		
fromto ft.	in.		
Casing height above land su			
If casing height is less the has a variance been appr			
*variance not required for or environmental remed	Ų		
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			
Grout interval: ft. to	9ft.		
Grout material:			
Grout interval: ft. to	9ft.		
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			
Gravel pack not used:			
From ft. to			

	County					
WELL WATER USE						
сом	PLETION					
Dept	th of comp	leted well	:		ft.	
	th(s) grour					
(1)_	ft.;	(2)	ft.;			
(3) _	ft.;	(4) d	lry well			
Stati	c water lev	el in well:		ft.		
	neasured b n (mm/dd		l surface			
	neasured al n (mm/dd		surface			
Estir	nated yield	:	gpm			
	er level was				hours	
		F	oumping		gpm	
Pum	p installed	? Yes	No			
Wate	er well disi	nfected?	Yes	No		

Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sou within 100 feet.	rce of contamination
PERMIT & ID NUMB	ERS (AS REQUIRED)
DWR Application N	0.:
	t Code:
Cito Nama a	
KDHE UIC Class V	Form Completed: Yes No
County Permit: Ye	es No Permit ID:

# Aquifer, if known:

Date disinfected (mm/dd/yy):

LITHOLOG	GIC 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 record 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 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