KOLAR Document ID: 1665977

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 | 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. | | | | | |
| 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 USE | | | | | | | | |
| | | | | | | | | |
| COMPLETION | | | | | | | | |
| Dept | th of comp | leted w | ell: | | | ft. | | |
| Dept | th(s) grou | ndwate | r en | countere | d: | | | |
| (1)_ | ft.; | (2) | | ft.; | | | | |
| (3) _ | ft.; | (4) | dr | y well | | | | |
| Stati | c water lev | el in w | ell: | | _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 was | s: | | ft. after _ | | hours | | |
| | | | pu | mping_ | | gpm | | |
| Pum | p installed | ? Yo | es | No | | | | |
| | | | | | | | | |

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

Aquifer, if known:

| FROM | то | LITHOLOGY INTERVALS | | | | |
|------|----|---------------------|--|--|--|--|
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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 | ense 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