## KOLAR Document ID: 1665373

# WATER WELL RECORD (WWC-5)

**KOLAR DOC ID** 

Correction

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.
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							
сом	PLETION						
Dep	th of compl	eted well	l:		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/		l surface				
	neasured at on (mm/dd/		l surface				
Estir	nated yield	:	_ gpm				
Wate	er level was:	:	_ ft. after		hours		
		I	oumping		gpm		
Pum	p installed?	Yes	No				
Wate	er well disir	fected?	Yes	No			

NEAREST SOURCE OF F	POTENTIAL CONTAMIN	ATION
Source:		
Distance from well:	Direction from well:	
Source description:		
Source:		
Distance from well:	Direction from well:	
Source description:		
No potential sourc within 100 feet.	e of contamination	
PERMIT & ID NUMBER	S (AS REQUIRED)	
DWR Application No.	:	
KDHE / EPA Project C	Code:	
Site Name:		
KDHE UIC Class V Fo	orm Completed: Yes	No
County Permit: Yes	No Permit ID:	

## Aquifer, if known:

Date disinfected (mm/dd/yy):

## LITHOLOGIC LOG

то	LITHOLOGY INTERVALS

Lease Name & Well #:

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

### 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. 28-30-2(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 DEPAR	TMENT OF HEALTH	AND ENVIRONMENT			

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