KOLAR Document ID: 1666172

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	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 for or environmental reme	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	
Grout interval: ft. to	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	
Screen / perforation opening	gs:
Screen / perforation intervals	5:
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	

WELL WATER USE

COMPLETION						
Depth of completed well:ft.						
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):						
Estimated yield: gpm						
Water level was: ft. afterhours						
pumping gpm						
Pump installed? Yes No						
Water well disinfected? Yes No						
Date disinfected (mm/dd/yy):						

NEAREST SOURCE O	F POTENTIAL CONTAMINATIO
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sou within 100 feet.	arce of contamination
PERMIT & ID NUMB	ERS (AS REQUIRED)
DWR Application N	No.:
	ct Code:
	Form Completed: Yes No
County Permit:	les No Permit ID:

of boreholes: _____ # of dewatering wells: _

Aquifer, if known:

LITHOLOGIC 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 completed	on	I certify that this record is true to
the best of my knowledge and belief. The	his water well reco	ord was completed on
under the business name of		,
Kansas Water Well Contractor's License	e No	_ under the authority of the designated
person as defined in K.A.R. 28-30-2(j)	and signed and co	ertified by the electronic signature of the
designated person at its submittal:		
Send one copy to WATER WELL OWNER and	d retain one for you	r records. Fee of \$5.00 for each constructed well
KANSAS DEPARTM	AENT 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