KOLAR Document ID: 1659850

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 | 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

| 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 fo | roved?* Yes No | | | |
| or environmental reme | 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 | oft. | | | |
| Grout material: | | | | |
| Grout interval: ft. to | oft. | | | |
| 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 | ft. | | | |
| Gravel pack not used: | | | | |
| From ft. to | | | | |

| | County | | | | | |
|-----------------------------------------------|--------------------------|----------|-----------|-----|-------|--|
| WELL WATER USE | | | | | | |
| | | | | | | |
| сомр | LETION | | | | | |
| Dept | h of compl | eted we | ll: | | ft. | |
| Dept | h(s) groun | dwater e | encounter | ed: | | |
| (1) | ft.; | (2) | ft.; | | | |
| (3) | ft.; | (4) | dry well | | | |
| Static | c water leve | l in wel | l: | ft. | | |
| | neasured be n (mm/dd/ | | d surface | | | |
| measured above land surface on (mm/dd/yy): | | | | | | |
| Estin | nated yield: | | _ gpm | | | |
| Wate | r level was: | | ft. after | | hours | |
| | | | pumping | | gpm | |
| Pum | p installed? | Yes | No | | | |
| Wate | r well disin | fected? | Yes | No | | |

| Source: | | | | | |
|-----------------------------------------|------------------|--|--|--|--|
| Distance | Direction | | | | |
| from well: | from well: | | | | |
| Source | | | | | |
| description: | | | | | |
| Source: | | | | | |
| Distance | Direction | | | | |
| from well: | from well: | | | | |
| Source | | | | | |
| description: | | | | | |
| No potential source within 100 feet. | of contamination | | | | |
| PERMIT & ID NUMBERS | (AS REQUIRED) | | | | |
| DWR Application No.:_ | | | | | |
| KDHE / EPA Project Code: | | | | | |
| Site Name: | | | | | |
| KDHE UIC Class V Form Completed: Yes No | | | | | |
| County Permit: Yes No Permit ID: | | | | | |

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Aquifer, if known:

Date disinfected (mm/dd/yy):

| 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 | ed on | 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 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