### KOLAR Document ID: 1667368

## 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<br>W | Fraction | 1⁄4 | 1⁄4 | 1⁄4 |
|----------|-----------|---------|---|----------|---|-------|--------|----------|-----|-----|-----|
| Datum    | Elevation | County  |   |          |   |       |        |          |     |     |     |

#### WATER WELL OWNER

| Name                  |  |  |  |  |
|-----------------------|--|--|--|--|
| Business              |  |  |  |  |
| Address               |  |  |  |  |
| Well location         |  |  |  |  |
| at owner's<br>address |  |  |  |  |
|                       |  |  |  |  |

#### CONSTRUCTION

| Borehole interval:  | Borehole diameter: |
|---|--------------------|
| fromtoft.   | in.                |
| fromtoft.   | in.                |
| Casing height above land su   |                    |
| If casing height is less the<br>has a variance been appr<br>*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 U                         | SE       |           |    |       |  |
|   |                                 |          |           |    |       |  |
| сом   | PLETION                         |          |           |    |       |  |
| Dept  | th of compl                     | eted we  | 11:       |    | ft.   |  |
|   | th(s) groun                     |          |           |    |       |  |
| (1)_  | ft.;                            | (2)      | ft.;      |    |       |  |
| (3) _   | ft.;                            | (4)      | dry well  |    |       |  |
| Stati   | Static water level in well: ft. |          |           |    |       |  |
|   | neasured be<br>on (mm/dd/       |          | d surface |    |       |  |
| measured above land surface<br>on (mm/dd/yy): |                                 |          |           |    |       |  |
| Estir   | nated yield                     | :        | _ gpm     |    |       |  |
| Wate  | er level was                    | :        | ft. after |    | hours |  |
|   |                                 |          | pumping   |    | gpm   |  |
| Pum   | p installed                     | ? Yes    | No        |    |       |  |
| Wate  | er well disir                   | nfected? | Yes       | No |       |  |

| NEAREST SOURCE OF                     | POTENTIAL CONTAMINATION |
|---------------------------------------|-------------------------|
| Source:                               |                         |
| Distance<br>from well:                | Direction<br>from well: |
| Source<br>description:                |                         |
| Source:                               |                         |
| Distance<br>from well:                | Direction<br>from well: |
| Source<br>description:                |                         |
| No potential sour<br>within 100 feet. | ce of contamination     |
| PERMIT & ID NUMBE                     | RS (AS REQUIRED)        |
| DWR Application No                    | D.:                     |
| KDHE / EPA Project                    | Code:                   |
| Site Name:                            |                         |
| KDHE UIC Class V I                    | Form Completed: Yes No  |
| County Permit: Ye                     | s No Permit ID:         |

# 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 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. 28-30-20  | 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