KOLAR Document ID: 1670267

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 surface: | | | | | | |
| 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 | Depth(s) groundwater encountered: | | | | | | |
| (1)_ | ft.; | (2) | ft.; | | | | |
| (3)_ | ft.; | (4) | dry well | | | | |
| Stati | Static water level in well: 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 wa | s: | ft. after | | hours | | |
| | | | pumping | | gpm | | |
| Pum | p installed | ? Ye | s No | | | | |
| Wate | er well disi | nfected | ? Yes | No | | | |

| Source: | |
|---------------------------------------|-------------------------|
| Distance from well: | Direction from well: |
| Source description: | |
| Source: | |
| Distance from well: | Direction from well: |
| Source description: | |
| No potential sour within 100 feet. | ce of contamination |
| PERMIT & ID NUMBE | RS (AS REQUIRED) |
| DWR Application No | .: |
| | 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. 28-30-2(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