KOLAR Document ID: 1665202

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

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:in.						
If casing height is less th has a variance been app	roved?* Yes No					
*variance not required f or environmental reme						
Casing type:						
Blank casing interval:	ft. toft.					
Blank casing diameter:	in.					
Casing joints:						
Weight:lb	s/ft.					
Wall thickness or gauge						
Blank casing interval:	ft. toft.					
Blank casing diameter:	in.					
Casing joints:						
Weight:lb						
Wall thickness or gauge						
Grout interval: ft. to	oft.					
Grout material:						
Grout interval: ft. to	oft.					
Grout material:						
Screen / perforation materia	l:					
Screen / perforation openin	gs:					
Screen / perforation interval	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	Depth of completed well: ft.						
Dept	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							
Wate	er level wa	s:	_ ft. after		hours		
		1	pumping		gpm		
Pum	p installed	? Yes	No				
Water well disinfected? Yes No							
Date disinfected (mm/dd/yy):							

Source:				
Distance	Direction from well:			
Source description:				
Source:				
Distance from well:	Direction from well:			
Source description:				
No potential so within 100 feet	urce of contamination			
PERMIT & ID NUMI	BERS (AS REQUIRED)			
DWR Application	No.:			
	ect Code:			
01. N				
KDHE UIC Class V Form Completed: Yes No				
County Permit:	Yes No Permit ID:			
	1 #:			

of boreholes: _____ # of dewatering wells: ____

Aquifer, if known:

FROM	то	LITHOLOGY INTERVALS	
FROM	10		

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well
contractor's license and was complete	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. 28-30-20	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