### KOLAR Document ID: 1671024

## 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:in							
If casing height is less than 12 in. has a variance been approved?* Yes							
*variance not required for 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/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	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									
сом	PLETION								
Dept	th of comp	leted we	ell:		ft.				
Dept	th(s) grou	ndwater	encounter	ed:					
(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	? Yes	s No						
Wate	er well disi	nfected?	Yes	No					

Source:	
Distance	Direction
from well:	from well:
Source	
description:	
Source:	
Distance	Direction
from well:	from well:
Source	
description:	
	rce of contamination
within 100 feet.	
PERMIT & ID NUMBE	RS (AS REQUIRED)
DWR Application N	0.:
	Code:
Site Name:	
	Form Completed: Yes No
County Permit: Ye	es No Permit ID:

# Aquifer, if known:

Date disinfected (mm/dd/yy):

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 complete	ed on	I certify that this record is true to				
the best of my knowledge and belief. This water well record was completed on						
under the business name of		,				
Kansas Water Well Contractor's License 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 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