KOLAR Document ID: 1671651

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 than 12 in. has a variance been approved?* Yes No						
*variance not required or environmental rem		g				
Casing type:						
Blank casing interval:	ft. to	ft.				
Blank casing diameter:	in.					
Casing joints:						
Weight:l	os/ft.					
Wall thickness or gauge	no.:					
Blank casing interval:	ft. to	ft.				
Blank casing diameter:						
Casing joints:						
Weight:l						
Wall thickness or gauge no.:						
Grout interval: ft.	oft.					
Grout material:						
Grout interval: ft.						
Grout material:						
Screen / perforation materi	l:					
Screen / perforation openi	ngs:					
Screen / perforation intervals:						
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:		in				
From ft. to						

WELL WATER USE

COMPLETION						
Depth of completed well:ft.						
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						
Water level was: ft. afterhours						
pumping gpm						
Pump installed? Yes No						
Water well disinfected? Yes No						
Date disinfected (mm/dd/yy):						

Source:	OF POTENTIAL CONTAMIN	
Distance from well:	Direction from well:	
Source description:		
Source:		
Distance from well:	Direction from well:	
Source description:		
No potential so within 100 feet	ource of contamination	
PERMIT & ID NUM	BERS (AS REQUIRED)	
DWR Application	No.:	
	ect Code:	
Site Name:		
KDHE UIC Class	V Form Completed: Yes	N

Lease Name & Well #: ______ # of boreholes: ______ # of dewatering wells: __

County Permit: Yes No Permit ID: _

Aquifer, if known:

LITHOLOGIC LOG

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 complet	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 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