# KOLAR Document ID: 1668453

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID \_\_\_\_\_

Correction

Lease Name & Well #:

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 su					
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						
сом	PLETION					
Dep	th of compl	eted well	l:		ft.	
	th(s) groun					
(1)_	ft.;	(2)	ft.;			
(3) _	ft.;	(4)	lry well			
Static water level in well: ft.						
	neasured be on (mm/dd/		l surface			
measured above land surface on (mm/dd/yy):						
Estir	nated yield	:	_gpm			
Wate	er level was:		_ft. after		hours	
		F	oumping		gpm	
Pum	np installed?	Yes	No			
Wate	er well disir	fected?	Yes	No		

NEAREST SOURCE OF F	POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sourc within 100 feet.	e of contamination
PERMIT & ID NUMBER	S (AS REQUIRED)
DWR Application No.	:
KDHE / EPA Project (	Code:
Site Name:	
KDHE UIC Class V Fo	
County Permit: Yes	No Permit ID:

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

# 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	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 your 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