KOLAR Document ID: 1668979

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:__ KDHE / EPA Project Code: ____

Lease Name & Well #:

Source description:

Source description: Source: Distance

Correction

Original Record

WELL ID Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

KDHE UIC Class V Form Completed: Yes No

County Permit: Yes No Permit ID:

PERMIT & ID NUMBERS (AS REQUIRED)

Direction

from well:

Direction

from well:

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 th has a variance been app *variance not required fo	roved?* Yes No
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	s/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 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 U	SE			
сом	PLETION				
Dep	th of compl	eted we	ell:		ft.
Dep	th(s) groun	dwater	encountere	ed:	
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4)	dry well		
Stati	c water leve	el in wel	l:	_ft.	
	neasured be on (mm/dd/		d surface		
	neasured ab on (mm/dd/		d surface		
Estir	nated yield	:	gpm		
Wate	er level was:	·	ft. after		hours
			pumping_		gpm
Pum	p installed	Yes	s No		

Water well disinfected?	Yes	No			
Date disinfected (mm/dd/vv):					

Date disinfected (mm/dd/yy):	
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Aqu

LITHO	LOGIC	LOG

Aquifer, if known:			# of boreholes: # of dewatering wells:
ITHOLOG	ilC 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 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 Lice	nse No	under the authority of the designated					
person as defined in K.A.R. 28-30-2(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