KOLAR Document ID: 1665520

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 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 no.:						
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.						
		ndwater encountered					
(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	l? Yes No					
Wate	er well disi	nfected? Yes N	ło				
Date disinfected (mm/dd/yy):							

	OF POTENTIAL CONTAMINATIO
Source:	
Distance	Direction
from well:	from well:
Source	
description:	
Source:	
Distance	Direction
from well:	from well:
Source	
description:	
	ource of contamination
within 100 feet	•
ERMIT & ID NUM	BERS (AS REQUIRED)
DWR Application	No.:
KDHE / EPA Proje	ect Code:
Site Name:	
KDHE UIC Class	V Form Completed: Yes N
County Permit:	Yes No Permit ID:
Lease Name & Wel	11 #:

of boreholes: _____ # of dewatering wells: _

Aquifer, if known:

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 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