## KOLAR Document ID: 1668463

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

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								
COMPLETION								
Dept	th of comp		ft.					
_	Depth of completed well:ft. Depth(s) groundwater encountered:							
(1)_	(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):								
Estimated yield: gpm								
Wate	er level wa	s:	ft. after		hours			
			pumping		gpm			
Pum	p installed	l? Ye	s No					
Wate	Water well disinfected? Yes No							
Date	Date disinfected (mm/dd/yy):							

Source:	
Distance from well:	Direction from well:
Irom wen:	Irom well:
Source	
description:	
Source:	
Distance	Direction
from well:	from well:
Source description:	
No potential so within 100 feet.	urce of contamination
ERMIT & ID NUME	BERS (AS REQUIRED)
DWR Application 1	No.:
KDHE / EPA Proje	ct Code:
Site Name:	
KDHE UIC Class V	/ Form Completed: Yes No
County Permit:	Yes No Permit ID:
	#·

# of dewatering wells: \_

## Aquifer, if known:

FROM	то	LITHOLOGY INTERVALS	

# of boreholes: \_\_\_\_

#### 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 rec	ord 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 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