KOLAR Document ID: 1670686

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	roved?* Yes No
*variance not required for or environmental reme	
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:	
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	
Grout interval: ft. to	oft.
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	
Gravel pack not used:	
From ft. to	

	County				
WELL	WATER US	SE			
сом	PLETION				
Dep	th of compl	eted w	ell:		ft.
Dep	th(s) groun	dwater	encounter	red:	
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4)	dry well		
Stati	c water leve	l in we	ell:	ft.	
	neasured be on (mm/dd/		nd surface		
	neasured ab on (mm/dd/		nd surface		
Estir	nated yield:		gpm		
Wate	er level was:		ft. after		hours
			pumping		gpm
Pum	p installed?	Ye	es No		

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

Date disinfected (mm/dd/yy): _	
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Aquifer, if known:

-	
LITHOLOGIC LOG	

Aquifer, if known: ITHOLOGIC LOG			# of boreholes:	# of dewatering wells:
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	d on	I certify that this record is true to
the best of my knowledge and belief.	This water well reco	ord was completed on
under the business name of		,
Kansas Water Well Contractor's Licen	se No	_ under the authority of the designated
person as defined in K.A.R. 28-30-2(j) and signed and ce	ertified by the electronic signature of the
designated person at its submittal:		
Send one copy to WATER WELL OWNER a	nd retain one for your	r records. Fee of \$5.00 for each constructed well.
KANSAS DEPART	MENT OF HEALTH A	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