KOLAR Document ID: 1674522

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: _ Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:_

Lease Name & Well #:

KDHE / EPA Project Code:

Source description:

Source description: Source: _____ Distance

Correction

Original Record

ft.

WELL ID_____ Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

KDHE UIC Class V Form Completed: Yes No

PERMIT & ID NUMBERS (AS REQUIRED)

County Permit: Yes No Permit ID: _

of boreholes: _____ # of dewatering wells: _

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 surface:in.					
If casing height is less th has a variance been appr *variance not required fo or environmental reme	roved?* Yes No or monitoring				
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/ft.					
Wall thickness or gauge	no.:				
Grout interval: ft. to	pft.				
Grout material:					
Grout interval: ft. to	oft.				
Grout material:					
Screen / perforation material					
Screen / perforation opening					
Screen / perforation intervals					
From ft. to					
Slot size unit					
From ft. to					
Slot size unit					
Gravel pack intervals:					
Gravel pack not used:	Gravel size in				
From ft. to					
Gravel pack not used:					
From ft. to					

VELL WATER USE					
OMPLETION					
Depth of completed well:					
Depth(s) groundwater encountered	l:				
(1) ft.; (2) ft.;					
(3) ft.; (4) dry well					

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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	
Water level was:	ft. after	hours

pumping _____ gpm

Pump installed? Yes No

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

Aquifer, if known:

LITHOLOGIC 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	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 Licer	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 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