## KOLAR Document ID: 1674620

# 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 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 U	SE			
сомі	PLETION				
Dept	th of compl	eted well	:		ft.
	th(s) groun				
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4)	lry well		
Stati	c water leve	el in well:		_ft.	
	neasured be n (mm/dd/		l surface		
measured above land surface on (mm/dd/yy):					
Estir	nated yield	:	_gpm		
Wate	er level was	·	ft. after		hours
		I	oumping		gpm
Pum	p installed	Yes	No		
Wate	er well disir	nfected?	Yes	No	

NEAREST SOURCE OF F	POTENTIAL CONTAMIN	ATION
Source:		
Distance from well:	Direction from well:	
Source description:		
Source:		
Distance from well:	Direction from well:	
Source description:		
No potential sourc within 100 feet.	e of contamination	
PERMIT & ID NUMBER	S (AS REQUIRED)	
DWR Application No.	:	
KDHE / EPA Project C	Code:	
Site Name:		
KDHE UIC Class V Fo	orm Completed: Yes	No
County Permit: Yes	No Permit ID:	

## Aquifer, if known:

Date disinfected (mm/dd/yy):

LITHOLOGIC LOG
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FROM	то	LITHOLOGY INTERVALS

Lease Name & Well #:

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

### 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