Change in Well Use

WELL ID

Correction

KOLAR DOC ID

(785) 296-3565 | K.S.A. 82a-1212 | v2022c

Original Record

## **WATER WELL RECORD** (WWC-5)

LOCATION	OF V	/ATER WELL	L												
Latitude			Longitude			Section		Township		Range	E W	Fraction	1/4	1/4	1/4
Datum			Elevation			County									
WATER WELL OWNER						. WATER U	SE				NEAREST S	OURCE OF F	POTENTIAL (	ONTAMI	NATION
Name											Source:				
Business					СОМІ	PLETION					Distance from well-		Direction we		
Address				Depth of completed well:ft.  Depth(s) groundwater encountered:						Source description					
Well location				(3)	(1) ft.; (2) ft.; (3) ft.; (4) dry well					Dietance		Directio	on ell:		
at owner's address				Static water level in well:ft.  measured below land surface on (mm/dd/yy):						Source description:					
CONSTRU	ı			measured above land surface						No potential source of contamination within 100 feet.					
Borehole interval: Borehole diameter:					on (mm/dd/yy):										
fromtoftin.					Estir	Estimated yield: gpm					PERMIT & ID NUMBERS (AS REQUIRED)				
fromto ftin.					Wate	er level wa	8:	ft. after	ho	urs	DWR Application No.:				
Casing he	ove land sur	rface:		pumping gpm					KDHE / EPA Project Code:						
	ght is less tha			Pum	p installed	? Ye	s No			Site Name:					
has a variance been approved?* Yes No					Mate	w wall disi	nfactadi	Vac N			KDHE UIC Class V Form Completed: Yes No				
*variance not required for monitoring or environmental remediation wells					Water well disinfected? Yes No  Date disinfected (mm/dd/yy):						County Permit: Yes No Permit ID:				
Casing type:					Date districted (mm/ dd/yy).						Lease Name & Well #: # of dewatering wells:				
Blank cas	ing int	erval:	ft. to	ft.	Aqui	ifer, if kno	wn:				# Of boren	nes:	# of dewate	ring wells:	
Blank cas	ing dia	meter:	in.		LITHO	DLOGIC LO	OG								
Casing joints:				FRC	M T	) L	ITHOLOGY I	NTERVA	LS						
		lbs													
			no.:												
	-		ft. to	ft.											
	-	meter:													
Casing joints: Weight: lbs/ft.															
Wall thickness or gauge no.:															
		ft. to													
		rial: ft. to													
	11. to rial:		COMMENTS												
Screen / p	erfora	tion material:	:												
Screen / p	tion opening	gs:	CONTRACTOR'S OR LANDOWNERS CERTIFICATION												
Screen / perforation intervals:					This water well was constructed reconstructed pursuant to the stated water well										
Fromft. toft.					contractor's license and was completed on I certify that this record is true to										
Slot size unit					the best of my knowledge and belief. This water well record was completed on										
Fromft. toft.					under the business name of										
Slot size unit					Kansas Water Well Contractor's License No under the authority of the designated										
Gravel pack intervals:					person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the										
Gravel pack not used: Gravel sizein					designated person at its submittal:										
From ft. to ft.  Gravel pack not used: Gravel size in					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										
rrom		_ 11. 10	ft.			Bure	au of Wa				Jackson St., Sı			2-1367	