KOLAR Document ID: 1671372

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.
fromto ft.	in.
Casing height above land su	
If casing height is less the has a variance been appr	
*variance not required for or environmental remed	Ų
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	
Grout interval: ft. to	9ft.
Grout material:	
Grout interval: ft. to	9ft.
Grout material:	
Screen / perforation material	:
Screen / perforation opening	gs:
Screen / perforation intervals	8:
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 USE								
сом	PLETION							
Dept	th of comp	leted we	11:		ft.			
Dept	th(s) grou	ndwater	encounter	ed:				
(1)_	ft.;	(2)	ft.;					
(3) _	ft.;	(4)	dry well					
Static water level in well: ft.								
	neasured b n (mm/dd		d surface					
measured above land surface on (mm/dd/yy):								
Estir	nated yield	l:	gpm					
Wate	er level wa	8:	ft. after		hours			
			pumping		gpm			
Pum	p installed	? Yes	No					
Wate	er well disi	nfected?	Yes	No				

NEAREST SOURCE OF	POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sour within 100 feet.	rce of contamination
PERMIT & ID NUMBE	RS (AS REQUIRED)
DWR Application No	0.:
	Code:
Site Name:	
KDHE UIC Class V	
County Permit: Ye	es No Permit ID:

Aquifer, if known: LITHOLOGIC LOG

Date disinfected (mm/dd/yy):

то	LITHOLOGY INTERVALS					
1	1					

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	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 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