KOLAR Document ID: 1681919

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Lease Name & Well #:

of boreholes: _____ # of dewatering wells: _

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 surface: | | | | | | |
| If casing height is less than 12 in. has a variance been approved?* Yes *variance not required for monitoring | | | | | | |
| or environmental remed | U U | | | | | |
| 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 | no.: | | | | | |
| Grout interval: ft. to | ft. | | | | | |
| 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 | ft. | | | | | |
| Gravel pack not used: | | | | | | |
| From ft. to | | | | | | |

| | County | | | | | | | |
|---|---------------------------------|----------|-----------|----|-------|--|--|--|
| WELL WATER USE | | | | | | | | |
| | | | | | | | | |
| сом | COMPLETION | | | | | | | |
| Dept | th of comp | leted we | 11: | | ft. | | | |
| Depth(s) groundwater encountered: | | | | | | | | |
| (1)_ | ft.; | (2) | ft.; | | | | | |
| (3) | ft.; | (4) | dry well | | | | | |
| Stati | Static water level in well: ft. | | | | | | | |
| measured below land surface on (mm/dd/yy): | | | | | | | | |
| measured above land surface on (mm/dd/yy): | | | | | | | | |
| Estir | nated yield | 1: | gpm | | | | | |
| Wate | er level wa | s: | ft. after | | hours | | | |
| | | | pumping | | gpm | | | |
| Pum | p installed | l? Yes | s 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 | ERS (AS REQUIRED) |
| DWR Application N | 0.: |
| KDHE / EPA Project | t Code: |
| Site Name: | |
| KDHE UIC Class V | Form Completed: Yes No |
| County Permit: Ye | es No Permit ID: |

Aquifer, if known:

Date disinfected (mm/dd/yy):

LITHOLOGIC LOG

| то | LITHOLOGY INTERVALS |
|----|---------------------|
| | |
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| | то |

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

| This water well was constructed | reconstructed | pursuant to the stated water well | | | | |
|--|---------------------------------------|---------------------------------------|--|--|--|--|
| contractor's license and was complet | 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 certified by the electronic signature of the | | | | | | |
| designated person at its submittal: | | | | | | |
| 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 | | | | | | |

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367 (785) 296-3565 | K.S.A. 82a-1212 | v2022c