KOLAR Document ID: 1682042

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 that has a variance been appr *variance not required for or environmental remee	roved?* Yes No or monitoring
Casing type:	nation wens
	ft. toft.
Blank casing diameter:	
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	
Blank casing interval:	
Blank casing diameter:	
Casing joints:	
Weight:lbs	
Wall thickness or gauge	no.:
Grout interval: ft. to	ft.
Grout material:	
Grout interval: ft. to	
Grout material:	
Screen / perforation material	:
Screen / perforation opening	gs:
Screen / perforation intervals	
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:	Gravel size in
From ft. to	ft.

WELL WATER USE

COMPLETION						
Depth of completed well:ft.						
Depth(s) groundwater encountered:						
(1) ft.; (2) ft.;						
(3) ft.; (4) dry well						
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. afterhours						
pumping gpm						
Pump installed? Yes No						
Water well disinfected? Yes No						
Date disinfected (mm/dd/yy):						

	OF POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance	Direction
from well:	from well:
Source	
description:	
No potential so within 100 feet	urce of contamination
PERMIT & ID NUM	BERS (AS REQUIRED)
DWR Application	No.:
	ect Code:
Site Name:	
⊢ KDHE UIC Class	V Form Completed: Yes No

Lease Name & Well #: _______# of dewatering wells: ______

County Permit: Yes No Permit ID: ____

Aquifer, if known:

LITHOLOGIC LOG

то	LITHOLOGY INTERVALS
	то

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 rec	ord 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 certified by the electronic signature of the				
designated person at its submittal:				
Send one copy to WATER WELL OWNER	and retain one for you	rr 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