KOLAR Document ID: 1682745

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

Correction

Original Record

ft.

hours

gpm

WELL ID Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Direction

from well:

No

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					
CONCERNICEION					

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 *variance not required fo	roved?* Yes No			
or environmental reme	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	oft.			
Grout material:				
Grout interval: ft. to	oft.			
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	ft.			
Gravel pack not used:				
From ft. to				

	County						
WELL WATER USE							
CON	PLETION						
Dep	oth of comp	leted v	well:				
Dep	Depth(s) groundwater encountered:						
(1)	ft.;	(2) _	ft.;				
(3)	ft.;	(4)	dry well				
Stat	ic water lev	vel in w	vell:	ft.			
	measured below land surface on (mm/dd/yy):						
measured above land surface							
Esti	mated yield	1:	gpm				

____ ft. after __

pumping_

No

Yes No

Yes

Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	IIOIII well:
No potential source within 100 feet.	ce of contamination
PERMIT & ID NUMBEI	RS (AS REQUIRED)
DWR Application No	.:
KDHE / EPA Project	Code:
KDHE / EPA Project Site Name:	Code:
,	

of boreholes: _____ # of dewatering wells: _

Lease Name & Well #:

Aquifer, if known: LITHOLOGIC LOG

Water well disinfected?

Date disinfected (mm/dd/yy):

Water level was:

Pump installed?

FROM	то	LITHOLOGY INTERVALS				
	1	1				

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 Lice	nse No	under the authority of the designated
person as defined in K.A.R. 28-30-20	(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