KOLAR Document ID: 1682549

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

Lease Name & Well #:

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:in.						
If casing height is less than 12 in. has a variance been approved?* Yes No						
*variance not required for or environmental reme						
Casing type:						
Blank casing interval:	ft. toft.					
Blank casing diameter:	in.					
Casing joints:						
Weight:lb	s/ft.					
Wall thickness or gauge						
Blank casing interval:	ft. toft.					
Blank casing diameter:in.						
Casing joints:						
Weight:lb						
Wall thickness or gauge						
Grout interval: ft. to	oft.					
Grout material:						
Grout interval: ft. to	oft.					
Grout material:						
Screen / perforation material	l:					
Screen / perforation opening	gs:					
Screen / perforation interval	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					
сомі	PLETION				
Dept		ft.			
Dept	th(s) grou	ndwater ei	ncounter	ed:	
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4) d	lry well		
Stati	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					
Wate	er level wa	s:	ft. after		hours
		p	umping		gpm
Pum	ip installed	? Yes	No		
Water well disinfected? Yes No					
Date disinfected (mm/dd/yy):					

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

of boreholes: _____ # of dewatering wells: _

Aquifer, if known:

LITHOLOG	IC LOG

FROM	то	LITHOLOGY INTERVALS
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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 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 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