### KOLAR Document ID: 1684773

## 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 su	
If casing height is less the has a variance been appr *variance not required fo	roved?* Yes No
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	PLETION					
Dept		ft.				
Dept	th(s) groui	ndwater e	encounter	ed:		
(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	No			
Wate	er well disi	nfected?	Yes	No		
Date disinfected (mm/dd/yy):						

NEAREST SOURCE O	F POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sou within 100 feet.	rce of contamination
PERMIT & ID NUMB	ERS (AS REQUIRED)
DWR Application N	lo.:
KDHE / EPA Projec	t Code:
Site Name:	
KDHE UIC Class V	Form Completed: Yes No
County Permit: Y	es No Permit ID:

# Aquifer, if known:

FROM	то	LITHOLOGY INTERVALS

#### 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 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 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