# KOLAR Document ID: 1684360

# 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<br>W | Fraction | 1⁄4 | 1⁄4 | 1⁄4 |
|----------|-----------|---------|----------|-------|--------|----------|-----|-----|-----|
| Datum    | Elevation | County  |          |       |        |          |     |     |     |

## WATER WELL OWNER

| Name                  |  |  |  |  |
|-----------------------|--|--|--|--|
| Business              |  |  |  |  |
| Address               |  |  |  |  |
| Well location         |  |  |  |  |
| at owner's<br>address |  |  |  |  |
| CONCERNICEION         |  |  |  |  |

#### CONSTRUCTION

| Borehole interval:                                     | Borehole diameter: |
|--|--------------------|
| fromtoft.  | in.                |
| fromtoft.  | in.                |
| Casing height above land su                            |                    |
| If casing height is less th<br>has a variance been app | roved?* Yes No     |
| *variance not required for<br>or environmental reme    |                    |
| 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:                                 |                    |
| Casing joints:   |                    |
| Weight:lbs   | s/ft.              |
| Wall thickness or gauge                                |                    |
| Grout interval: ft. to                                 | oft.               |
| 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  |                    |
| Gravel pack not used:                                  |                    |
| From ft. to  |                    |

|   | County                    |         |           |    |       |  |
|---|---------------------------|---------|-----------|----|-------|--|
| WELL  | /ELL WATER USE            |         |           |    |       |  |
|   |                           |         |           |    |       |  |
| сомі  | PLETION                   |         |           |    |       |  |
| Dept  | th of compl               | eted we | 11:       |    | ft.   |  |
|   | th(s) groun               |         |           |    |       |  |
| (1)_  | ft.;                      | (2)     | ft.;      |    |       |  |
| (3) _   | ft.;                      | (4)     | dry well  |    |       |  |
| Static water level in well: ft.               |                           |         |           |    |       |  |
|   | neasured be<br>on (mm/dd/ |         | d surface |    |       |  |
| measured above land surface<br>on (mm/dd/yy): |                           |         |           |    |       |  |
| Estir   | nated yield               | :       | _gpm      |    |       |  |
| Wate  | er level was              | :       | ft. after |    | hours |  |
|   |                           |         | pumping   |    | gpm   |  |
| Pum   | p installed               | Yes     | No        |    |       |  |
| Wate  | er well disir             | fected? | Yes       | No |       |  |

| Source:                               |                         |
|---------------------------------------|-------------------------|
| Distance<br>from well:                | Direction<br>from well: |
| Source<br>description:                |                         |
| Source:                               |                         |
| Distance<br>from well:                | Direction<br>from well: |
| Source<br>description:                |                         |
| No potential sour<br>within 100 feet. | rce of contamination    |
| PERMIT & ID NUMBE                     | RS (AS REQUIRED)        |
| DWR Application N                     | 0.:                     |
| KDHE / EPA Project                    | 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):

| 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 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. 28-30-2(  | 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