# KOLAR Document ID: 1643435

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source:

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 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 U	SE			
сомі	PLETION				
Dept	th of compl	eted well	:		ft.
	th(s) groun				
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4) c	lry well		
Stati	c water leve	el in well:		ft.	
	neasured be n (mm/dd/		surface		
	neasured at n (mm/dd/		surface		
Estir	nated yield	:	gpm		
Wate	er level was	:	ft. after		hours
		F	umping		gpm
Pum	p installed	Yes	No		
Wate	er well disir	fected?	Yes	No	

Distance from well:	Direction from well:	
Source description:		
Source:		
Distance from well:	Direction from well:	
Source description:		
No potential source within 100 feet.	of contamination	
PERMIT & ID NUMBERS	(AS REQUIRED)	
DWR Application No.:_ KDHE / EPA Project Co		
Site Name:		
KDHE UIC Class V For	m Completed: Yes	No
County Permit: Yes	No Permit ID:	
Lease Name & Well #:		

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

NEAREST SOURCE OF POTENTIAL CONTAMINATION

# Aquifer, if known:

Date disinfected (mm/dd/yy):

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	ed on	. 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. 28-30-20	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