## KOLAR Document ID: 1677742

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:\_\_\_

Lease Name & Well #:

Source description:

Source description: Source: Distance

Correction

Original Record

ft.

WELL ID Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

PERMIT & ID NUMBERS (AS REQUIRED)

KDHE / EPA Project Code: \_\_\_\_\_

County Permit: Yes No Permit ID:

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

KDHE UIC Class V Form Completed: Yes No

Direction

from well:

Direction

from well:

## 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 th has a variance been app	roved?* Yes No
*variance not required for 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:	
Casing joints:	
Weight:lb	s/ft.
Wall thickness or gauge	
Grout interval: ft. to	
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	:
Screen / perforation opening	gs:
Screen / perforation intervals	5:
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 size in
From ft. to	

		County						
	WELL WATER USE							
	сом	PLETION						
	Dept	h of comp	leted v	well:				
	Dept	h(s) grou	ndwate	er encounter	ed:			
	(1)_	ft.;	(2)_	ft.;				
	(3)	ft.;	(4)	dry well				
I	Stati	c water lev	vel in w	vell:	ft.			
	measured below land surface							
	0	n (mm/dd	l/yy):					
	measured above land surface							
	0	n (mm/dd	l/yy):					
	Estin	nated yield	d:	gpm				
	Wate	r level wa	c.	ft after		ho		

Water level was: ft. after \_ hours

pumping \_\_\_\_ gpm

Pump installed? Yes No

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

# Aquifer, if known:

## LITHOLOGIC LOG

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 complet	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 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