KOLAR Document ID: 1682368

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: _ Distance

from well:

Source description: Source:

Correction

Original Record

ft.

WELL ID Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Direction

from well:

Yes No

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 *variance not required fo	roved?* Yes No		
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:	in.		
Casing joints:			
Weight:lbs	s/ft.		
Wall thickness or gauge	no.:		
Grout interval: ft. to	oft.		
Grout material:			
Grout interval: ft. to	oft.		
Grout material:			
Screen / perforation material	:		
Screen / perforation opening	gs:		
Screen / perforation intervals	8:		
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	th of comp	leted v	vell:				
Dept	th(s) groui	ndwate	r encountere	ed:			
(1)_	ft.;	(2) _	ft.;				
(3)	ft.;	(4)	dry well				
Stati	c water lev	el in w	ell:	_ft.			
	neasured b on (mm/dd		and surface				
measured above land surface on (mm/dd/yy):							
Estir	nated yield	l:	gpm				
Wate	er level was	s:	ft. after		hour		
			pumping		gpm		

Yes

No

Yes

No

	Distance Direction
	from well: from well:
	Source description:
	No potential source of contamination within 100 feet.
	PERMIT & ID NUMBERS (AS REQUIRED)
s	DWR Application No.:
1	KDHE / EPA Project Code:
	Site Name:
	KDHE UIC Class V Form Completed: Y
	County Permit: Yes No Permit ID:

Lease Name & Well #:

of boreholes: _____ # of dewatering wells: _

Aquifer, if known:

Water well disinfected?

Date disinfected (mm/dd/yy):

Pump installed?

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	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	ense No	under the authority of the designated				
person as defined in K.A.R. 28-30-2(j) and signed and certified 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