KOLAR Document ID: 1704479

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: _ Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:_____ KDHE / EPA Project Code: ____

Lease Name & Well #:

Source description:

Source description: Source: _____ Distance

Correction

Original Record

WELL ID_____ Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

KDHE UIC Class V Form Completed: Yes No

County Permit: Yes No Permit ID: ____

of boreholes: _____ # of dewatering wells: _

PERMIT & ID NUMBERS (AS REQUIRED)

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 | |
| Casing type: | |
| Blank casing interval: | ft. toft. |
| Blank casing diameter: | in. |
| Casing joints: | |
| Weight:lb | s/ft. |
| Wall thickness or gauge | no.: |
| Blank casing interval: | ft. toft. |
| Blank casing diameter: | in. |
| Casing joints: | |
| Weight:lb | s/ft. |
| Wall thickness or gauge | |
| Grout interval: ft. to | oft. |
| Grout material: | |
| Grout interval: ft. to | oft. |
| Grout material: | |
| | |
| Screen / perforation material | l: |
| Screen / perforation opening | gs: |
| Screen / perforation interval | 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 WATER USE | | | | | | | | |
| | | | | | | | | |
| сомі | PLETION | | | | | | | |
| Dept | th of compl | eted w | ell: | | | ft. | | |
| Dept | th(s) groun | dwater | encou | ntere | d: | | | |
| (1)_ | ft.; | (2) | f | t.; | | | | |
| (3) _ | ft.; | (4) | dry w | ell | | | | |
| Stati | c water leve | l in we | ll: | | ft. | | | |
| measured below land surface on (mm/dd/yy): | | | | | | | | |
| measured above land surface on (mm/dd/yy): | | | | | | | | |
| Estir | nated yield | | gpn | 1 | | | | |
| Wate | er level was: | | ft. a | fter _ | | hours | | |
| | | | pump | ing _ | | gpm | | |
| Pum | p installed | Ye | s No |) | | | | |
| | | | | | | | | |

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

Aquifer, if known:

| FROM | то | LITHOLOGY INTERVALS |
|------|----|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 1 |

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

| This water well was constructed | reconstructed | pursuant to the stated water well |
|---------------------------------------|------------------------|---|
| contractor's license and was complete | 1 | |
| the best of my knowledge and belief. | | · |
| under the business name of | | , |
| Kansas Water Well Contractor's Licer | 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