KOLAR Document ID: 1707365

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

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 th has a variance been app				
*variance not required for 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	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				
Gravel pack not used:				
From ft. to				

WELL WATER USE

COMPLETION					
Depth of completed well:ft.					
Depth(s) groundwater encountered:					
(1) ft.; (2) ft.;					
(3) ft.; (4) dry well					
Static water level in well: ft.					
measured below land surface on (mm/dd/yy):					
measured above land surface on (mm/dd/yy):					
Estimated yield: gpm					
Water level was: ft. afterhours					
pumping gpm					
Pump installed? Yes No					
Water well disinfected? Yes No					
Date disinfected (mm/dd/yy):					

NEAREST SOURCE	OF POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential so within 100 feet	urce of contamination
PERMIT & ID NUMI	BERS (AS REQUIRED)
DWR Application	No.:
	ct Code:
Cita Mana a	
	/ Form Completed: Yes No

County Permit: Yes No Permit ID:

of boreholes: _____ # of dewatering wells: _

Lease Name & Well #:

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 complete	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 Licer	nse 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