## KOLAR Document ID: 1709820

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

Lease Name & Well #:

WELL ID\_\_\_\_\_ Change in Well Use

## LOCATION OF WATER WELL

| Latitude | Longitude | Section | Township | Range | E<br>W | Fraction | 1⁄4 | 1⁄4 | 1⁄4 |
|----------|-----------|---------|----------|-------|--------|----------|-----|-----|-----|
| Datum    | Elevation | County  |          |       |        |          |     |     |     |

## WATER WELL OWNER

| Name                  |  |  |  |  |
|-----------------------|--|--|--|--|
| Business              |  |  |  |  |
| Address               |  |  |  |  |
| Well location         |  |  |  |  |
| at owner's<br>address |  |  |  |  |
|                       |  |  |  |  |

#### CONSTRUCTION

| Borehole interval:  | Borehole diameter: |  |  |  |  |
|---|--------------------|--|--|--|--|
| fromtoft.   | in.                |  |  |  |  |
| fromtoft.   | in.                |  |  |  |  |
| Casing height above land su   |                    |  |  |  |  |
| If casing height is less than 12 in.<br>has a variance been approved?* Yes No |                    |  |  |  |  |
| *variance not required for<br>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:  |                    |  |  |  |  |
| Blank casing diameter:  |                    |  |  |  |  |
| Casing joints:  |                    |  |  |  |  |
| Weight:lb   |                    |  |  |  |  |
| Wall thickness or gauge   |                    |  |  |  |  |
| Grout interval: ft. to  | pft.               |  |  |  |  |
| Grout material:   |                    |  |  |  |  |
| Grout interval: ft. to  | oft.               |  |  |  |  |
| Grout material:   |                    |  |  |  |  |
|   |                    |  |  |  |  |
| Screen / perforation material   | :                  |  |  |  |  |
| 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   |                    |  |  |  |  |

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<br>on (mm/dd/yy): |  |  |  |  |  |
| measured above land surface<br>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 O                     | F POTENTIAL CONTAMINATIO |
|--------------------------------------|--------------------------|
| Source:                              |                          |
| Distance<br>from well:               | Direction<br>from well:  |
| Source<br>description:               |                          |
| Source:                              |                          |
| Distance<br>from well:               | Direction<br>from well:  |
| Source<br>description:               |                          |
| No potential sou<br>within 100 feet. | arce of contamination    |
| PERMIT & ID NUMB                     | ERS (AS REQUIRED)        |
| DWR Application N                    | No.:                     |
|                                      | ct Code:                 |
|                                      |                          |
|                                      | Form Completed: Yes No   |
| County Permit: Y                     | les No Permit ID:        |

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

## Aquifer, if known:

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

### 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 record was completed on                       |                                       |   |  |  |  |
| under the business name of   |                                       | ,   |  |  |  |
| Kansas Water Well Contractor's License 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 DEPAR   | TMENT OF HEALTH                       | AND ENVIRONMENT                                     |  |  |  |

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