KOLAR Document ID: 1705151

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:

KDHE UIC Class V Form Completed: Yes No

Direction

from well:

Direction

from well:

LOCATION OF WATER WELL

Latitude	Longitude	Section	Т	Township	F	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		
CONCEPTION		

CONSTRUCTION

Borehole interval:	Borehole diameter:
fromtoft.	in.
fromtoft.	in.
Casing height above land sur	
If casing height is less that has a variance been appr *variance not required for or environmental remed	oved?* Yes No or monitoring
Casing type:	mation wens
Blank casing interval:	ft. to ft.
Blank casing diameter:	
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	
Blank casing interval:	
Blank casing diameter:	
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	no.:
Grout interval:ft. to	ft.
Grout material:	
Grout interval: ft. to	9ft.
Grout material:	
Screen / perforation material	
Screen / perforation opening	
Screen / perforation intervals	
Fromft. to	
Slot size unit _	
Fromft. to	
Slot size unit _	
Gravel pack intervals:	Created air -
Gravel pack not used:	
Fromft. to	
	Gravel size in
From ft. to	rt.

	County				
WELL WATER USE					
сом	PLETION				
Dept	th of comp	leted	well:		f
Dept	th(s) grour	ndwate	er encounter	ed:	
(1)_	ft.;	(2)_	ft.;		
(3)	ft.;	(4)	dry well		
Stati	c water lev	el in v	vell:	_ft.	
	neasured b on (mm/dd		and surface		
	neasured a on (mm/dd		and surface		
Estir	nated yield	l:	gpm		
Wate	er level was	s:	ft. after		hours
			pumping		gpm

	P	
Pump installed?	Yes	No

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

Aquif

LITHO

Aquifer, if known:			# of boreholes:	# of dewatering wells:
ITHOLOG	ilC 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 Lice	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