KOLAR Document ID: 1703084

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: _ Distance

from well:

from well:

within 100 feet.

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

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				
CONCEPTION				

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							
COMPLETION							
Depth of completed well:ft.							
Depth(s) groundwater encountered:							
(1)_	ft.;	(2)	ft.;				
(3)	ft.;	(4) d	lry well				
Stati							
measured below land surface on (mm/dd/yy):							
measured above land surface on (mm/dd/yy):							
Estir	nated yield	l:	gpm				
Wate	er level was		ft. after		hours		
		p	umping		gpm		

Pump installed? Yes No

Water well disinfected? Yes No

Date disinfected (mm/dd/yy): _____

Aquifer, if known:

LITHOLOGIC LOG

то

FROM

ft. afterhours	DWR Application No.:					
pumping gpm	KDHE / EPA Project Code: Site Name:					
Yes No						
	KDHE UIC Class V Form Completed: Yes No					
ed? Yes No	County Permit: Yes No Permit ID: Lease Name & Well #:					
m/dd/yy):						
	# of boreholes: # of dewatering wells:					
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 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