KOLAR Document ID: 1710113

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 | 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 | | | | | |
| Grout interval: ft. to | oft. | | | | |
| Grout material: | | | | | |
| Grout interval: ft. to | oft. | | | | |
| Grout material: | | | | | |
| | | | | | |
| Screen / perforation material | | | | | |
| Screen / perforation opening | gs: | | | | |
| Screen / perforation intervals | 5: | | | | |
| 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 | | | | | |

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): | | | | | | |

| Distance from well: | Direction from well: | |
|--------------------------------------|-------------------------|--|
| Source description: | | |
| Source: | | |
| Distance from well: | Direction from well: | |
| Source description: | | |
| No potential sou within 100 feet. | rce of contamination | |
| ERMIT & ID NUMB | ERS (AS REQUIRED) | |
| DWR Application N | o.: | |
| D With application it | 0 | |

Lease Name & Well #: # of boreholes: _____ # of dewatering wells: _

County Permit: Yes No Permit ID: _

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 | | 1 | | | |
| 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