KOLAR Document ID: 1682051

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

Source description:

Source:

Distance

Source

from well:

description:

Site Name:

within 100 feet.

DWR Application No.:___

Lease Name & Well #:

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	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 the has a variance been appr *variance not required fo or environmental remed	coved?* Yes No or monitoring
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	pft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	:
Screen / perforation opening	gs:
Screen / perforation intervals	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	ft.
Gravel pack not used:	Gravel size in
From ft. to	ft.

WELL WATER USE COMPLETION Depth of completed well: Depth(s) groundwater encountered:

(1) ft.; (2) ft.; (3) ft.; (4) dry well ft. Static water level in well: measured below land surface on (mm/dd/yy): measured above land surface on (mm/dd/yy): Estimated vield: gpm

Lotinated yield.	5P ^{III}	
Water level was:	ft. after	hours
	pumping	gpm

pumping _ Pump installed? Yes No

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

LITH

Aquifer, if known:			# of boreholes: # of dewatering wells:				
THOLOGIC 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 reco	ord was completed on			
under the business name of		,			
Kansas Water Well Contractor's Licer	1se 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 a	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