# KOLAR Document ID: 1712345

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Original Record

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

# 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				

#### CONSTRUCTION

Borehole interval:		Borehole	diameter:				
fromto	_ ft.	_	in.				
fromto	_ ft.	_	in.				
Casing height above land surface:in.							
If casing height is less than 12 in. has a variance been approved?* Yes No							
*variance not rec or environment	•		0				
Casing type:							
Blank casing interval	l:	ft. to	ft.				
Blank casing diamete	er:	in.					
Casing joints:							
Weight:	lbs	/ft.					
Wall thickness or	r gauge i	no.:					
Blank casing interval	l:	ft. to	ft.				
Blank casing diamete	er:	in.					
Casing joints:	Casing joints:						
	lbs						
Wall thickness or gauge no.:							
Grout interval:	ft. to	ft.					
Grout material:			_				
Grout interval:	ft. to	ft.					
Grout material:							
Screen / perforation	material	:					
Screen / perforation	opening	gs:					
Screen / perforation i	intervals	:					
Fromft. to		_ft.					
Slot size	unit						
From ft. to		_ft.					
Slot size	unit						
Gravel pack intervals	s:						
Gravel pack not u	ised:	Gravel size	e in				
From ft.							
Gravel pack not u			ein				
From ft.							

	County					
WELL WATER USE						
сом	PLETION					
Dept	th of comp	leted wel	l:		ft.	
Dept	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):						
Estir	nated yield	l:	_gpm			
Wate	er level wa	s:	_ ft. after	·	hours	
		1	pumping		gpm	
Pum	p installed	l? Yes	No			
Water well disinfected? Yes No						
Date disinfected (mm/dd/yy):						

Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sou within 100 feet.	arce of contamination
ERMIT & ID NUMB	ERS (AS REQUIRED)
DWR Application N	No.:
	ct Code:
Site Name:	
KDHE UIC Class V	Form Completed: Yes No

# of dewatering wells: \_

# Aquifer, if known:

# LITHOLOGIC LOG

то	LITHOLOGY INTERVALS
	то

# of boreholes: \_

### COMMENTS

## CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well
contractor's license and was complete	ed on	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