KOLAR Document ID: 1713098

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

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 the has a variance been appr *variance not required fo	roved?* Yes No			
or environmental remed	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	ft.			
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:				
From ft. to				

	County				
WELL	WATER U	SE			
сом	PLETION				
Dep	th of compl	eted well	l:		ft.
Dep	th(s) groun	dwater e	ncounter	ed:	
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4)	lry well		
Stati	c water leve	el in well	:	ft.	
	neasured be on (mm/dd/		l surface		
measured above land surface on (mm/dd/yy):					
Estir	nated yield	:	_ gpm		
Wate	er level was:	:	_ ft. after		hours
		I	oumping		gpm
Pum	p installed?	Yes	No		
Wate	er well disir	fected?	Yes	No	

description:		
Source:		
Distance from well: Source	Direction from well:	
description:		
No potential source within 100 feet.	of contamination	
PERMIT & ID NUMBERS	(AS REQUIRED)	
DWR Application No.:_		
KDHE / EPA Project Co	ode:	
Site Name:		
KDHE UIC Class V For	m Completed: Yes	No
County Permit: Yes	No Permit ID:	
Lease Name & Well #:		

of dewatering wells:

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Direction

from well:

Aquifer, if known:

Date disinfected (mm/dd/yy):

LITHOLOGIC LOG

FROM	то	LITHOLOGY INTERVALS

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 complet	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