KOLAR Document ID: 1714396

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: _ Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:___

Lease Name & Well #:

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)

KDHE / EPA Project Code: _____

County Permit: Yes No Permit ID:

of boreholes: _____ # of dewatering wells: _

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				
CONCERNICEION				

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 or environmental remee	roved?* Yes No or monitoring
Casing type:	
Blank casing interval:	ft. toft.
Blank casing diameter:	
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	
Blank casing interval:	ft. toft.
Blank casing diameter:	
Casing joints:	
Weight:lbs	
Wall thickness or gauge	
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	JSE

COMPLETION							
Depth of completed well:ft							
Depth(s) ground	dwater e	ncounter	ed:				
(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							
	1	pumping		gpm			
Pump installed?	Yes	No					
Water well disin	fected?	Yes	No				

vate	r well disinfected?	res	NO
ata	disinfacted (mm/dd/	· · · · ·	

Date disinfected (mm/dd/yy):

Aquifer, if known:

FROM	то	LITHOLOGY INTERVALS
	1	1

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well				
contractor's license and was complete	d on	I certify that this record is true to				
the best of my knowledge and belief. This water well record was completed on						
under the business name of		,				
Kansas Water Well Contractor's Licen	se No	_ under the authority of the designated				
person as defined in K.A.R. 28-30-2(j) and signed and ce	ertified by the electronic signature of the				
designated person at its submittal:						
Send one copy to WATER WELL OWNER a	nd retain one for your	r records. Fee of \$5.00 for each constructed well.				
KANSAS DEPART	MENT OF HEALTH A	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