### KOLAR Document ID: 1714831

## WATER WELL RECORD (WWC-5)

KOLAR DOC ID \_\_\_\_\_

Correction

Lease Name & Well #: \_

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 surface:i						
If casing height is less than 12 in. has a variance been approved?* Yes						
*variance not required for or environmental reme	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/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	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 USE								
сом	PLETION							
Dep	th of comp	leted we	11:		ft			
Dep	th(s) groun	dwater e	encounter	ed:				
(1)_	ft.;	(2)	ft.;					
(3) _	ft.;	(4)	dry well					
Stati	c water lev	el in wel	l:	ft.				
	neasured b on (mm/dd		d surface					
-	neasured al on (mm/dd		d surface					
Estiı	mated yield	:	_ gpm					
Wate	er level was	:	ft. after		hours			
			pumping		gpm			
Pun	np installed	? Yes	No					
Wate	er well disii	nfected?	Yes	No				

NEAREST SOURCE OF	POTENTIAL CONTAMINAT	101
Source:		
Distance from well:	Direction from well:	
Source description:		
Source:		
Distance	Direction from well:	
Source description:		
No potential sour within 100 feet.	rce of contamination	
PERMIT & ID NUMBE	RS (AS REQUIRED)	
DWR Application No	0.:	
	Code:	
Site Name:		
		No
County Permit: Ye	es No Permit ID:	

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

# Aquifer, if known:

Date disinfected (mm/dd/yy):

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 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