KOLAR Document ID: 1704747

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

Lease Name & Well #: _

of boreholes: _____ # of dewatering wells: _

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 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/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.						

	County					
WELL	WATER U	SE				
сом	PLETION					
Dep	th of comp	leted w	vell:			ft.
Dep	th(s) grou	ndwate	r er	ncounter	ed:	
(1)_	ft.;	(2) _		ft.;		
(3)_	ft.;	(4)	d	ry well		
Stati	c water lev	el in w	ell:		ft.	
	neasured b on (mm/dd		ınd	surface		
-	neasured a on (mm/dd		nd	surface		
Estir	nated yield	l:		gpm		
Wate	er level wa	s:		ft. after		hours
			р	umping		gpm
Pum	ip installed	? Y	es	No		
Wate	er well disi	nfected	?	Yes	No	

NEAREST SOURCE C	OF POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential so within 100 feet.	urce of contamination
PERMIT & ID NUME	BERS (AS REQUIRED)
DWR Application 1	No.:
	ct Code:
<u></u>	
	V Form Completed: Yes No
County Permit:	Yes No Permit ID:

Aquifer, if known:

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS				
		I				

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 record 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